Spring 1997

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

Dean's Page

The tools of clinical practice can be classified as those involving the sciences related to clinical practice, those involving the technologies of clinical practice, those involving the art of clinical practice, those involving the organizational and management systems of clinical practice, and finally those involving the personal and social responsibility of the physician. An unintended consequence of the continuing evolution of the health care system, driven largely by market forces, is a shift in the balance of the classic tools of clinical practice.

As the health care system becomes more highly structured and integrated, the tools that enable the physician to operate within the system for the benefit of his or her patient become more important. It is incumbent upon our medical schools to equip our students for this reality. We need to teach not only the science, the technology, the art, the operating systems, and the personal responsibilities of the physician, but we also need to teach how to use the basic tools in a coordinated fashion in an organized system of health care.

While good medical practice must continue to be largely science-based, both the interpersonal and the biologic transactions of clinical practice are increasingly technological, rather than scientific in format and substance. It is no longer appropriate, as it once was, to practice as though each illness is an experiment of nature and the physician emulates the scientist unraveling the mystery of the experiment.

Our practices and our curriculum both recognize implicitly the increasing reliance on technologies, but we have not developed an explicit, systematic body of knowledge or a pedagogy for clinical practice as technology[1] application.

Just as the growing use of diagnostic and treatment algorithms and guidelines, based often upon specific and definitive data, have transformed the use of the tools of science into the application of a technology, so dimensions of the art of medicine have been reduced in prominence as diagnostic and therapeutic uncertainty has been reduced, and as preventive interventions have become more prevalent. For example, many of us learned a great deal about the art of medicine from young patients who found themselves unexpectedly confined to an iron lung because of polio.

It seems to me that our society has become less contemplative and less intellectually penetrating with fewer expectations of high order interactions between physicians and patients. Even if this be so, mastery of the art of medicine that concerns not only diagnostic and therapeutic nuances, but exquisite sensitivity to interpersonal dimensions of health and illness remains, in my view, one of the defining characteristics of the master physician in all specialties.

The relative importance of the clinical tools of personal and social responsibility of the physician may be changed as physicians become corporate employees, and the employer as an intermediary assumes some of the traditional personal and social responsibility of the physician. The personal and social responsibility of the physician becomes mixed with corporate responsibility, and so the nature of this clinical tool is changed.

As the health care system becomes both structured and integrated, each clinical transaction is influenced by the organizational and management characteristics of the particular health care system. A physician's effectiveness is increasingly dependent upon his or her ability to reconcile the capabilities of the system with the needs of the patient.

The medical school curriculum is formidably crowded. Sound education practice requires decompression of the curriculum, and we work very hard to eliminate genuine irrelevancies. Difficult as it is in the setting of correcting curricular overload, we must also work to develop our capability of helping our students acquire the mix and types of tools of clinical practice they will require in the future.

Stuart Bondurant

Stuart Bondurant, MD
Interim Dean

[1] *Technology being defined as "the science of the application of knowledge to practical purposes" (Webster's Third International Dictionary) and not limited to actions involving devices.*

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On the Cover: The UNC craniofacial team has changed the lives of thousands of patients like 4-year-old Melissa Clason and her mother and grandmother. Successful treatment of Melissa's cleft lip and palate has enhanced her speech and given her a beautiful smile. The team, clockwise from top center, are Ron Strauss, PhD, general dentist; David Zajac, PhD, speech scientist; Diane Dilley, DDS, pediatric dentist; Robert Mayo, PhD, speech pathologist; Kirt Simmons, DDS, PhD, orthodontist; Tim Turvey, DDS, oral surgeon; Kim Uhrich, MSW, social worker; Gerald Sloan, MD, plastic and reconstructive surgeon; Amelia Drake, MD, ENT surgeon; Don Warren, DDS, PhD, director, prosthodontist and pressure flow specialist; Cynthia Powell, MD, pediatric geneticist; Rebecca Edmondson, PhD, psychologist; and Arthur Aylsworth, MD, pediatric geneticist.

Science and the Face of a Child

Using a doll helps social worker Kim Uhrich talk with Andrew Lyle about his treatment.

by Elizabeth Zubritsky

After three decades, research at the UNC-CH craniofacial center begins and ends at the same place: with the patient. More than 6,000 people, most of them children, have come to the center for treatment of craniofacial anomalies.

Like many patients, 4-year-old Andrew Lyle came to the center for correction of his cleft palate, a gap in the roof of the mouth that opens into the nasal airways. One out of every 700 babies in the United States is born with a cleft palate, a cleft lip, or both.

Andrew was first seen by members of the craniofacial team when he was an infant. During the diagnostic consultation, specialists spent one-and-a-half days assessing his physical, neurological, and social development, and he has returned several times since then for treatment. Surgeons repaired his cleft when he was two years old, and physicians have prescribed glasses for him. He also had temporary tubes in his ears to clear up recurrent infections, a problem more common in children with cleft palates.

Recently, Andrew returned to the center for a day-long follow-up evaluation. An oral surgeon and a plastic surgeon checked his healed palate. Two speech pathologists assessed his language skills, looking for the anomalous speech patterns which cleft palate patients sometimes develop. An otolaryngologist and an audiologist assessed his hearing, and an ophthalmologist tested his vision. A pediatric dentist and an orthodontist checked his teeth, and a social worker talked with his mother about preschool,

about his social development, and about other health-care matters. Finally, two clinical researchers introduced him to the equipment they will use during future appointments.

Before Andrew's next visit, the team will meet to review his history, which is scrupulously documented in a six-pound medical chart. The members will discuss the most recent set of evaluations and decide whether to recommend any additional treatment.

Patients like Andrew have received coordinated, comprehensive care at the craniofacial center since it was established in 1963 by Donald Warren, DDS, PhD, the center's director and Kenan professor of dental ecology and otolaryngology, and by Erle Peacock, MD, a plastic surgeon no longer at UNC-CH. Though originally created to treat cleft lip and palate patients, the program has expanded to include other craniofacial anomalies. "Our program used to be mostly cleft lip and palate because those babies survived and the others didn't," says Warren. "The needs of the patients now are much more complex than they used to be."

Six programs in the state treat patients with cleft lip and palate, but only four of those treat the full spectrum of craniofacial patients. The program at UNC-CH is the largest, with a core group of providers and researchers from 16 different specialties.

Team members rely on research, as well as clinical expertise, to address the patients' needs and desires. "Being able to knowledgeably discuss the impact and implications of an anomaly or a treatment, using data, not anecdotes, provides a foundation for us to work with families," says Ronald Strauss, DMD, PhD, professor of dental ecology and social medicine. "It also helps us to provide better treatment. We ask questions we might not have asked otherwise, and we can answer more questions for the patients and their families."

"We do this work to serve the people of the state," says Warren, "but it's also a learning opportunity for us."

For 33 years, with continuous support from the National Institutes of Health, center faculty have been exploring fundamental questions about speech and breathing. Because clefts, and the reduced or obstructed nasal passages that often accompany them, direct more air through the nose, people with clefts speak and breathe differently from people without clefts. They may learn to compensate for the unusual airflow, which makes their speech less nasal–and also less intelligible.

"Why do they develop compensatory strategies? That's what we wanted to know," Warren says. "It's unusual because these strategies undermine, rather than enhance, speech." Speech is regulated by the tautness, thinness, and position of the vocal cords, and by respiratory effort. Manipulation of the vocal cords and other respiratory-tract structures controls pressure in the lungs. Robert Mayo, PhD, assistant professor of speech and hearing, David Zajac, PhD, a speech scientist, and Warren tested the speech system's response to congenital deficits and experimental perturbations by conducting pressure-flow assessments, measurements of the air flow through the nose and mouth. They learned that people with clefts develop compensatory strategies, sacrificing speech quality, to maintain the pressure in their lungs.

Years ago, Warren and some collaborators designed and built the first pressure-flow apparatus, which is now being produced by Microtronics, a company in Chapel Hill. The craniofacial team uses the apparatus as a diagnostic, as well as a research, tool. A more recent project, headed by Ryuta Kataoka, DDS, PhD, a surgeon and visiting researcher from Japan, uses acoustic measurements in lieu of the aerodynamic pressure-flow assessments. The goal is the same: to identify respiratory tract anomalies with a non-invasive tool.

Breathing, as well as speech, is affected by craniofacial disorders characterized by reduced or obstructed nasal airways. "If you are sleeping and someone closes your nose slowly by pinching the nostrils, your mouth will open just enough to compensate," Warren explains. "Most people are nasal breathers, but most people with a cleft become nose and mouth breathers. What type of nose do you need to be a nasal breather?"

To answer these questions, members of the craniofacial team have been collecting data on people without clefts. One longitudinal study, started in 1986, has been following the development of speech and breathing in a group of 115 non-cleft children in Finland. Another study looks at an older population, people ages 60 and above, also in Finland. The observations from these studies will serve as a reference for the data collected from people with clefts.

The relationship between breathing and sense of smell is being explored by Martin Kendal-Reed, PhD, an experimental psychologist from England. Using a device called an olfactometer, Kendal-Reed simultaneously introduces a precisely controlled amount of chemical stimulus and documents the physiological responses in the nose. He is collecting data from normal and anosmic (no sense of smell) subjects to study how anomalies, both congenital and acquired through ac-

cident, disease, or surgery, affect the sense of smell. The results indicate that two sensory systems are involved in smelling: a sense of "touch" and a sense of smell. People who lack the sense of smell retain the sense of "touch," characterized by a tingling sensation when a large amount of stimulus is used. By clarifying the fundamental processes involved in smell sensations, Kendal-Reed hopes to identify ways to help anosmic patients.

Gerald Sloan, MD, is aiding patients by evaluating two surgical techniques for repairing velopharyngeal incompetency, which can interfere severely with speech. He heads a five-year, multi-center study, funded by NIH, to compare the pharyngeal flap technique, which improves speech but disrupts nasal drainage and causes sleep apnea in some patients, to pharyngoplasty, which is not as obstructive but may not improve speech as much. Sloan and his colleagues are evaluating patients using medical exams, X-rays, sleep studies, and speech and hearing tests before and after surgery to determine which treatment, if either, is preferable.

Other work on the impact of craniofacial anomalies and their repair is being done by Timothy Turvey, DDS, chair of oral and maxillofacial surgery in the dental school, in conjunction with the Hospital for Rehabilitation in Bauru, Brazil. Because it is the largest craniofacial center in the world, the specialists can collect information rapidly about the effects of surgical treatment on speech, occlusion, and breathing.

At UNC-CH, Malcolm Johnston, DDS, PhD, professor of cell biology and anatomy and of dental research, and Kirt Simmons, DDS, PhD, assistant professor of orthodontics, have been studying very unusual sets of identical twins–one twin has a cleft and one does not–to understand the cleft's impact on growth and appearance. "If there's a cleft in the palate, you can expect the patients to look different because they don't grow normally." Simmons explains. "We're trying to see the effect of both the cleft and of the surgeries to correct it." One study involves more than 30 sets of twins, with the twin who never had a cleft serving as a reference for the twin who does, or did. In a more detailed study, following three sets of these twins from birth to 13 years, Simmons and Johnston observed that the twin with a cleft had a shorter lower jaw from birth and that the differences in jaw size decreased as the children grew. In a third study, Johnston has been comparing non-cleft twins to people with no family history of clefts, in an effort to identify factors that increase a person's susceptibility to cleft palate.

Instead of the scientific questions surrounding craniofacial anomalies, the social and psychological needs of the patients motivate some team members' research. "Twenty-odd years of surgery, speech therapy, genetics, hearing problems, and the rest–it adds up," Strauss says. "Our patients are a reminder of the complexity of social, psychological, and medical issues and of the ways they overlap."

One of the confounding factors of particular concern to Strauss is the economic impact associated with the birth of a child with a craniofacial anomaly. "The birth of a child like this is a personal and family crisis and also an economic crisis," he says. "The third or fourth question the parents ask after the child's birth is, 'How am I going to pay for this?'"

Strauss and his colleagues also have dealt with how craniofacial patients view themselves, how other people view them before and after surgery, and how the patients interact with other people. Some of this research, such as a recent study in which parents described how physicians told them about their children's craniofacial anomalies, led the researchers to suggest guidelines for encounters between the patients and the specialists. "Most of the time," Strauss says, "the goal is not to develop new techniques for dealing with situations but to recognize the needs and the concerns of the craniofacial patients.

"The papers lead to increased awareness by the family, the patient, and the team, he says, "and that's what makes the difference." ❑

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Doctors & Research

by Dottie Horn

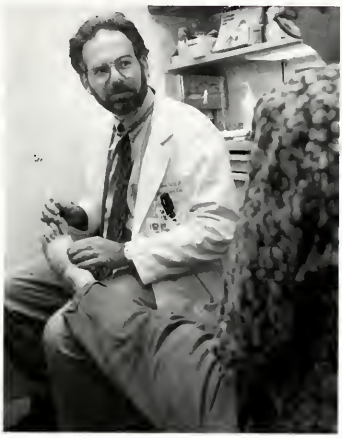
Should a doctor make time for research? Eight School of Medicine faculty members were among the 1,019 physicians listed as the "Best Doctors in America" in the March 1996 issue of *American Health* magazine. In this article, we look at how research affects their work.

Testing New Diabetes Treatments

For most of the sixteen million people in the United States who have diabetes, the disease is inadequately controlled, says **John Buse, MD**, associate professor of medicine and director of the Diabetes Care Center. Eleven cents out of every U.S. health-care dollar is spent on hospital care for complications of diabetes. "Having better treatments could dramatically change the health-care system in this country," Buse says.

Buse and other Carolina researchers have been involved in clinical trials of several new compounds with promise for treating diabetes. For example, pimagedine appears to block the binding of excess sugar to tissues, helping to prevent complications such as kidney disease, blindness, nerve disease, and cardiovascular problems.

"There's been a rapid expansion in the technology that we have to treat high blood sugar," Buse says. With the new generation of drugs, Buse estimates, physicians will be able to control diabetes in more than 95 percent of patients.



John B. Buse, MD

Wesley C. Fowler Jr., MD

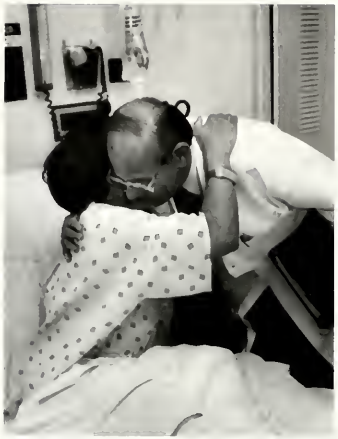
Helping More Women Survive Cancer

Of the nearly 27,000 American women predicted to be diagnosed with ovarian cancer in 1996, only 20 percent are expected to survive. But a treatment developed by **Wesley Fowler, MD**, Leonard Palumbo professor of gynecologic oncology, may offer some hope.

Following surgery to remove ovarian cancer, patients typically undergo another operation, called a "second look," that allows physicians to assess whether the cancer is still present. But half of the patients who show no evidence of cancer during the second look die of their ovarian cancer.

In a pilot study, physicians treated women during the second look even when they found no evidence of cancer. They placed a fluid containing P-32, a radioactive form of phosphorous, in the abdominal cavity. "We turn people right and left, up and down, so that the fluid washes the inside of the abdomen," Fowler says. "Hopefully, the P-32 will kill any cancer cells that have been left behind.

"Instead of having 50 percent survival with negative second looks, our survival rate was in the neighborhood of 85 percent," Fowler says. And use of P-32 usually had no negative side effects. But, Fowler cautions, the pilot study was small and of anecdotal, rather than statistical, significance. But it was sufficient to convince the American College of Obstetricians and Gynecologist's Gynecologic Oncology Group to sponsor the larger, national study that's being conducted now.



Robert C. Cefalo, MD

A Teacher for Life

"Pregnancy should be at least twelve months," says **Robert Cefalo, MD**, professor of obstetrics and gynecology. "A pre-conception history should be taken three months before conception." Cefalo is co-author of Pre-Conceptual Care, a book that helps medical professionals identify and treat potential risks in parents-to-be before they conceive a child.

The book contains a screening questionnaire that Cefalo describes as "a detailed history of both the man and the woman, not in the usual model of a medical history, but going outside the medical model." Besides screening for medical conditions, the inventory assesses social and family life; diet; work and hobbies; and use of prescription, over-the-counter, and social drugs.

"Prevention is a way of teaching," Cefalo says. "You become a good doctor by being a caring, competent individual. But, most importantly, what you're trying to do is teach–your patients, your colleagues, yourself. You've got to be a teacher for life."

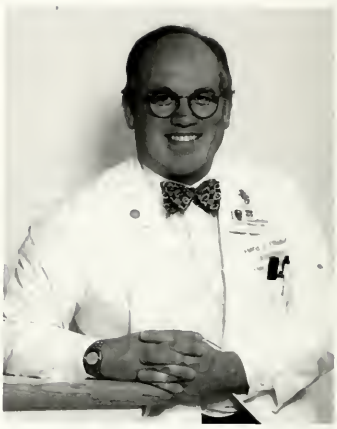
Speaking Out on AIDS

In Carolina's infectious disease clinic, "I'd say we see more than 30 patients a day," says **Charles van der Horst, MD**, associate professor of medicine. More than 90 percent of those people have HIV, the virus that causes AIDS.

At any given time, van der Horst and Joseph Eron, MD, assistant professor of medicine, oversee about 30 clinical trials. Several new compounds decrease the amount of HIV in the blood and increase the number of CD4 immune cells. "I'm more optimistic than I've ever been," van der Horst says.

Van der Horst juggles his time among research, caring for patients one day a week in clinic, and speaking out about AIDS. He routinely testifies in AIDS discrimination cases. "One of the reasons I like being in the field of HIV," he says, "is that it allows me to do all these different things. I can have wonderful relationships with my patients; I can do research; and I can be an outspoken activist."

Charles M. van der Horst, MD



Harold C. Pillsbury III, MD

Journals Aren't Enough

Professor of Surgery **Harold Pillsbury, MD**, sees about 100 patients a week. So when he does research, he studies a problem that directly affects his patients. For example, he has found that children between the ages of one and three who have fluid in their ears for six or more consecutive months are at greater risk for developing learning disabilities. Ear infections, Pillsbury explains, may prevent children from learning how to single out and listen to a particular sound in the midst of other noises, making it difficult for them to pay attention to a teacher in a classroom.

Pillsbury also speaks often at other universities or meetings of physician organizations. He says his travels allow him not only to share the results of his research and practice, but to learn.

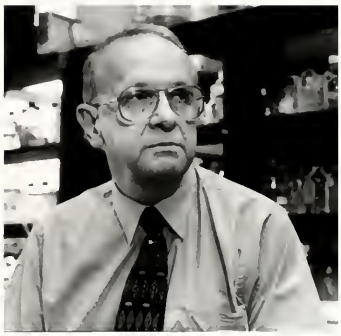
Relying on medical journals for information isn't enough, Pillsbury says. "If we're going to make things better for our patients here, we've got to go out and learn what other people are doing."

Seeing Young Lungs

Almost 20 years ago, **Robert Wood, MD**, professor of pediatrics, was involved with the development of the flexible bronchoscope for use in children. This diagnostic tool is a thin, flexible tube which is passed through the nose, down the throat, and into the lungs, allowing doctors to see and even videotape the inside of the lungs. Now Wood and his colleagues perform between 350 and 400 flexible bronchoscopies in children each year, about half of these in children less than one year old.

Wood also teaches the technique each year in a four-day, post-graduate course at UNC-CH. "It's the only course I know of that is offered to teach flexible bronchoscopy techniques in children," Wood says. "My best guess is that half to two-thirds of the people around the world who do flexible bronchoscopy in children got their start from the course that we teach."

Robert E. Wood, MD



Louis E. Underwood, MD

Stimulating Growth

Louis Underwood, MD, professor of pediatrics, recently started treating a boy with a rare growth disorder called Laron Syndrome. "The boy was 12 years old, and he had the height of a two-and-a-half-year-old and weighed 25 pounds," Underwood says. Although children with Laron Syndrome have growth hormone in their blood, the protein on cell surfaces that recognizes growth hormone is either missing or malfunctioning. Underwood has successfully stimulated growth in these patients by giving them insulin-like growth factor 1 (IGF-1).

Normal cells, when stimulated by growth hormone, make IGF-1. "IGF-1 is what actually produces most of the growth," Underwood says. "We're bypassing the need for growth hormone by giving them IGF-1."

Underwood treated the first patient with IGF-1 in 1991. Until then, there was no treatment for patients with Laron Syndrome and another type of growth hormone insensitivity syndrome. Today, Underwood is working to understand the growth promoting actions of IGF-1 and how diet and other factors affect levels of IGF-1.

Aging Better

Most any conversation with **Mark Williams, MD**, associate professor of medicine, will come around to one subject–how to help people live healthy, independent lives as they grow older. Williams, who directs the Program on Aging in the School of Medicine, has treated older people in his clinical practice for more than 16 years and is author of *The American Geriatrics Society's Complete Guide to Aging and Health*, published in 1995. He's also spent years developing and refining the timed manual performance test, a measure of hand function that can predict when an elderly person may soon be needing help with daily tasks.❑

Mark E. Williams, MD

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Life Without the Chair

Frank Wilson is known to his peers as a careful surgeon, a meticulous scholar, and a wise leader.

During his nearly 30-year tenure as chief of orthopaedics at UNC, Wilson expanded the faculty from three to 18; and with the recruitment of outstanding surgeons and scientists, the clinical and research productivity of the division increased eight- to ten-fold.

Though authoring some 150 papers and five books, his interests have focused on joint replacement, ankle injuries, musculoskeletal infections, and education. A pioneer in knee replacement, his seminal paper in 1972 was the first report to document the efficacy and safety of surgical replacement of the knee joint.

His impact on the educational community has been both broad and deep. His influence nationally led to the adoption of a plan for recertification of orthopaedic surgeons and for the accreditation of orthopaedic subspecialty education. In the School of Medicine, he has chaired the committees responsible for the musculoskeletal curriculum and for the development of curricula in basic surgical and orthopaedic education, both of which have been adopted by other institutions. At UNC, he has taught undergraduate honors courses in Thomas Wolfe and Great Books.

The University has recognized the depth and diversity of his academic contributions by bestowing on him two of its highest honors: a Kenan Professorship and the Thomas Jefferson award. The Medical School has honored him with the Distinguished Faculty Award and the Norma C. Berryhill Distinguished Lectureship.

In this issue of the Bulletin, Wilson looks back over his career and shares his thoughts on the practice of medicine and the education of physicians.

Based on your 40 years' experience as a physician, teacher, researcher and administrator, you probably have a perspective that your colleagues will find interesting. With respect to medical care, are we as a society significantly better off today than we were 40 years ago? Have we made significant progress in treating disease, or is there just the illusion of progress?

I believe we are better off, although the practice of medicine is more complex now because of technological advances and changes in the socioeconomic arena. You don't have to look far to see the improvements in health care that have resulted from advances in technology and the development of vaccines and antibiotics. But each solution brings its own set of problems. The explosion of knowledge and technology has increased subspecialization, which, in turn, has led to a loss of educational breadth. And much of the time we used to be able to give to patients is now consumed by paperwork. Placing third parties between physicians and patients has moved payment, once outside and after, to a place between and before the patient encounter, which undermines the professional nature of that relationship.

Our increased ability to access data by advances in medical informatics systems has also been an important and necessary development. But, as with other methodologies, we must be careful that the availability of a tool or instrument does not become the indication for its use. When process replaces principles, means become ends. Improved control of infectious diseases and longer life expectancies have shifted the spectrum of diseases that we encounter, and technology has changed process; but the goals are still the same: to have as many people live as long and as comfortably as they can.

What about orthopaedics in particular? You have been so much a part of that.

Perhaps I have been too close to see it clearly or objectively, but orthopaedics,

Frank Wilson, MD

like most disciplines, has been transformed by technology. The eradication of polio, for example, changed the orthopaedic patient population a great deal.

Most of the reconstructive surgery we did before 1960 involved muscle and tendon transfers to substitute for muscles paralyzed by poliomyelitis. Along with the decline in polio, there has been a rise in longevity, which brought a new set of problems.

For orthopaedists, degenerative arthritis became a major source of disability, the management of which has been expanded enormously by the development of joint replacement. Virtually all the major joints of the body — excepting those of the spine — can now be replaced, usually with considerable improvement in the quality of life.

Arthroscopy has also enabled us to deal much more effectively with acute and chronic joint problems. Trauma is still a major component of orthopaedics, and improved techniques for fracture fixation have reduced the morbidity and improved the results for this group of patients.

You mentioned socioeconomic changes. Managed care is certainly a major player in that arena. How has its evolution affected medical care, and how will it continue to evolve?

Its development to date might be characterized as "revolution" rather than "evolution"; but like so many things, its emphasis will probably be cyclic, depending upon the relative importance society places upon cost control *vis-a-vis* quality of care. The pendulum now is swinging toward cost control, which is appropriate because cost has gotten out of hand.

There is evidence, however, that the economic benefits of managed care have not been as great as predicted. Physicians are being paid less, but the bureaucracy of managed care has proven more expensive than was anticipated. Nevertheless, the emphasis on cost containment has made physicians more cost-conscious, which was needed. I do believe that eventually there will be an adjustment between cost and quality. The pendulum is constantly swinging between these two poles.

In your Berryhill lecture, you indicated that students today seem less interested in learning for learning's sake. What is the down side of focusing on knowledge that will be of direct and immediate professional benefit?

There is nothing wrong with knowing as much as possible about your chosen field, but it's important to understand that other forms of learning contribute to the understanding and integration of specialty-specific knowledge. As a society we are more "bottom line" oriented now than ever. In addition, each field has a larger and expanding canon of knowledge and fact to master, which has necessarily limited educational breadth. With increasing knowledge in depth, we automatically purchase ignorance in breadth. Ultimately, though, even knowledge in depth suffers because we lack the humanistic values to apply it properly. Somehow we need to re-establish the breadth of our educational base; verticality in learning comes too soon. Acceptance to medical school after two years of college would free students from overriding concerns about grade point averages and enable them to take courses in philosophy, history, literature, and to improve their verbal and written communication skills, which would increase their enjoyment of the world around them — as well as making them better doctors.

As a strong believer in a classical education, could you identify four or five such works that you believe every physician should read?

Boiling the three thousand or so classics of Western Civilization down to five in a few seconds is a real challenge. I don't think any two people would offer the same list, and I'm not sure I would on consecutive days. Today I would start with the Bible since I don't know any literature more inspiring and powerful than the Book of Ecclesiastes. For narrative poetry, I would probably choose "The Iliad," which is arguably the greatest war story ever written; and to have written it in verse is an incredible achievement. For drama, I couldn't omit "Oedipus Rex," which has it all. And, of course, every young person should read "Look Homeward, Angel," which makes you believe that everything is possible.

What are the differences between academic medicine and private practice, and what advice would you have for your colleagues in practice?

The ways of looking at problems are, or should be, very much the same whether you are in academics or private practice. We both apply the scientific method; we use an inductive process of problem-solving, whether the problem exists in the laboratory or at the bedside. Based upon our knowledge, we hypothesize the answer to a question, and then collect sufficient data to validate or invalidate that hypothesis. The goals of research and practice are also similar. Both seek to improve health care.

In large part, because of differences in costs, many activities previously performed by physicians are being assumed by various paramedical groups; and to the extent that they can carry out these functions as well as physicians, the compression of medicine's boundaries will continue. Our best defense is excellence in what we do. If the greater depth and breadth of a physician's knowledge and skill are not evident in better outcomes, its boundaries will continue to be eroded by less qualified providers.

Would you advise a medical student today to enter academic medicine?

It depends in large measure on the kinds of problems he or she most enjoys solving. If a student is interested primarily in the provision of one-on-one medical care, private practice may be a better option. Concern with broader issues in medicine and the enjoyment of creating and imparting knowledge are perhaps the best predictors of success in academic medicine. You probably also need increased tolerance for what James called the "buzzing, blooming confusion of academic life."

You have been successful in a number of different areas. How have you been able to accomplish so much?

Well, almost everyone I know is accomplished in more than one area, so I'm not sure that my life has been that unique. Balance has always seemed important to me, as has time management. Naiveté has also played a role because I always think that I can do something more easily and more quickly than turns out to be the case. It also helps to locate the principles that govern any area of endeavor. That way, you don't have to learn or remember so many facts, nor do they change as frequently.

My wife says I need to take more time out to smell the roses. She's usually right, and she has a strong ally in Mother Nature, so I don't expect my next 40 years to be as productive, but I hope they will be as enjoyable.❑

"Billy, You Oughta Be A Doctor"

by Susan Vassar King

The azaleas which grace the front yard of Bill Wood's comfortable southern home are not pruned at his discretion.

Since his retirement last summer, the pulmonologist who for years battled disease and infection now fights to outwit the deer that live in the surrounding woods and nibble the flowering bushes in the early morning hours.

Not that he's complaining.

If you ask him, Bill will tell you that after more than 30 years in teaching, clinical and administrative positions at the School of Medicine, there are some things he misses, and some things he doesn't.

He misses his colleagues, his patients, the students and housestaff. But he doesn't miss the administrative hassles and the "push for the bottom line" that became more and more evident toward the end of his accomplished academic career.

That's not surprising if you know Bill Wood.

His background is vintage Horatio Alger. He was born on a farm on the western edge of Surry County in 1931, when apples sold for 25 cents a bushel and tobacco for two cents a pound. His father was strongly oriented toward education; in fact, he was a teacher and principal at the local school for 20 years, his own lack of formal education notwithstanding.

When the farm was lost to mortgage foreclosure in the late '30s, the family moved to Guilford County, where Bill later worked in his uncle's cabinetry shop and at other odd jobs. Despite being a leader in high school and a capable student, he had no money for college when he graduated in 1948. He became a lineman with Southern Bell.

As he looks back on that time nearly 50 years later, he can clearly identify the elements that enabled him to make the transition from climbing telephone poles to practicing medicine: hard work, of course, and *opportunity*.

"About a year after I had been out of high school, an acquaintance of my father's arranged an interview for me with Ed Lanier, who was then head of student aid at UNC," Wood remembers. "I can still picture him; a small man with just a brim of hair.

"He said to me, 'If you will take a job, accept responsibility for loans, and not fail any subject, we will see you don't have to leave the University for financial reasons.' It was a dream come true for me. I entered UNC as a freshman undergraduate in 1949."

Wood kept his end of the bargain. For the next 11 years, he worked his way through undergraduate classes, medical school, an internship and residency at Carolina, but stresses that he didn't do anything unusual.

"There were lots of students in my situation," he explains. "We were all fortunate that the State and the University provided these opportunities.

"I'm concerned that some of this is going away," he adds. "I fear the push to raise tuition and fees will prevent many young men and women from obtaining an advanced education. The loss will be great—to them *and* to North Carolina."

Wood's passion for public education is not limited to his alma mater.

"Any student in North Carolina with the aptitude and attitude should have the opportunity to gain education, including professional, technical and trade schools. For this reason I support a strong university system as well as community college and technical schools.

"And underlying these must be strong preschool, grade school and high school programs. The problem with our public schools today is not the school or the dedicated teacher. Rather, it's the obligation we have put upon them for non-educational responsibilities."

Reflecting back again to his own high school days, Bill recalls a dedicated teacher who made a difference for him, Mrs. Edna Clapp. Born in 1905, she is now retired but still teaches the learning disabled and illiterate. "She was very strict, but kind," he says, "and very determined to get the best out of every student in her classroom. I was editor of our school newspaper and yearbook, and her sensitive critique of my efforts helped develop my language skills and goal orientation." Years later, when he was made full professor at UNC, Bill bought a dozen roses for three people—his wife, his mother, and his former teacher.

William B. Wood, MD '56, has "always been a gardener." Even when they lived in student housing, he and his wife Giny grew tomatoes.

The former head of alumni affairs is taking woodworking and wood turning classes at a local technical college. Here he works on a cherry table of his own design in his backyard workshop, where he enjoys making furniture, boxes and toys for his 10 grandchildren.

There are many other educators whose names pop up when Bill Wood talks about his life. One of those is Dr. Kenneth M. Brinkhous, who was chair of pathology in 1950 when he hired the young undergraduate to work as a scrub boy in his lab. For 50 cents an hour, Bill washed glassware, housed surgical specimens, and helped with the dog colony. He worked for Dr. Brinkhous and Dr. Bruce Taylor while earning his BS, then his MD, and while an intern at North Carolina Memorial Hospital.

In 1960—having completed his residency in medicine and a fellowship in pulmonary diseases under Dr. Thomas Barnett—Wood entered the U.S. Navy Medical Corps, where he became a Qualified Submarine Medical Officer and conducted underwater physiology research. Although he enjoyed it immensely and considered a military career, the lure of Chapel Hill proved stronger than the call of the sea, and in 1963 he joined the School of Medicine faculty as an instructor in the Division of Pulmonary Medicine.

Over the next 33 years his accomplishments were many as he rose through the ranks of academic medicine. He developed the first full-service pulmonary lab and the first respiratory intensive care unit at the UNC medical center. At the request of Dean Christopher Fordham he developed a program in pulmonary diseases to reorient what was then Eastern North Carolina Hospital, a tuberculosis sanitorium in Wilson. During the program's three-year tenure, the average length of stay for tuberculosis patients decreased from 160 to 35 days, and utilization of outpatient clinics increased from less than 100 to nearly 500 visits a month.

In 1977 Wood was named director of the Department of Medicine's adult allergy clinic, a post he held for 15 years. Also in '77, he became assistant dean for continuing medical education and alumni affairs. Only a few months after assuming this position, his good friend and mentor Oscar Sapp, the department's associate dean, had to resign the position for health reasons. Dean Fordham asked Wood to assume the role, and he served as director of CME and Alumni Affairs for more than a decade and associate dean until his retirement.

During his tenure in the alumni affairs office Wood was instrumental in the formation of the Endowment Fund. He also advocated for alumni to educate the public about the school's contributions to the State in terms of research, patient care, education and community service. "When alumni have a sense of dedication to the school, they transfer this into the community."

This sense of dedication was evident not only in Bill Wood, but in his wife, Giny, as well. She attended all alumni events with her husband and was a full partner in their success. "I always thought the school got two for one," he jokes. "And she was always better at remembering people's names than I was."

Bill and Giny were high school classmates and dated regularly during their senior year. She stayed in Greensboro to attend Bowman Gray nursing school, then came to Chapel Hill in the spring of 1952 to help set up the medicine floors in the then-new hospital. Giny was among the first dozen nurses hired, and worked as an assistant head nurse in the labor and delivery suite.

They were married in Greensboro on June 6, 1952. Giny continued in her nursing career, even after Bill joined the medical school faculty. "It wasn't popular for a faculty member's wife to work in those days," he says, "but she had a lot of professional pride and loved her work. She had always wanted to be a nurse."

And had young Bill Wood always wanted to be a doctor?

Well, not really. He was nudged in that direction by a dentist and a physician in Greensboro, who recognized that this boy without means had a lot of potential.

"My neighbor, Dr. Clarence Stone, had an office with a family practitioner, Dr. Kelly Maness. They encouraged me to visit the practice a lot, and every once in a while Dr. Maness would call me into the exam room and say 'you've gotta see this!' He'd explain what was going on with the patient and all.

"They were always telling me, 'Billy, you oughta be a doctor.'"

It turned out they were right. ⌟

Research Briefs

Helping Newborns Breathe Easier

Scientists have long believed that fluid is squeezed out of the newborn lung by passage through the birth canal. But UNC-CH researchers have helped dispel that idea — instead they found that a sodium channel drains the lung liquid into the bloodstream.

Pierre Barker, research assistant professor of pediatrics, and other Carolina researchers, including Richard Boucher, professor of medicine, and John Gatzy, professor of pharmacology, discovered which gene controls the sodium channel in the lungs of genetically altered mice.

The research opens the possibility of new strategies for treating respiratory diseases caused by premature birth. "If you don't have this channel at the point of birth you can't clear all the liquid that is present during fetal life, and you basically drown," Barker said.

During labor, the sodium channel drains about half of the liquid in a baby's lungs. The stress of labor raises fetal levels of adrenaline, which helps open the channel.

After birth, absorption continues and the channel drains most of the remaining liquid within hours.

Barker and his colleagues affirmed most researchers' belief that hormones control liquid absorption in the lungs. They previously identified the controlling agents as thyroid and steroid hormones. By extrapolating from animal studies, Barker thinks that babies born before 30 weeks lack the hormones that produce the channel and therefore lack enough of the channels to drain the lungs properly.

In addition to providing a better understanding of basic human physiology, the study helps to explain the relationship between premature birth and respiratory distress syndrome (RDS), a major killer of premature babies.

"We assume RDS babies have defective water transport in their lungs. The study offers us a credible additional hypothesis as to what causes RDS," Barker says.

RDS is normally treated by introducing artificial surfactants, chemicals that allow infants' lungs to expand by reducing the surface tension of pulmonary fluids.

"Surfactant has cut the mortality rate by about half. But the very premature babies are still dying from RDS," Barker says. "This study allows us to focus on another mechanism to try to treat this condition."

Barker can be reached through the Carolina Consultation Center, 800-862-6264, or at pbarker@med.unc.edu.

Predicting Alcohol Consumption

Alcoholics are far more likely than non-alcoholics to prefer stronger sweet tastes, according to a new study from researchers at UNC's Skipper Bowles Center for Alcohol Studies.

The study, appearing in the February issue of the *American Journal of Psychiatry*, extends and supports earlier work in rodents showing that preference for sweeter solutions reliably predicts the propensity to consume alcohol.

In the human research, the first of its kind published, scientists asked 20 abstinent alcoholic men and 37 non-alcoholic men to taste five sugar solutions. The solutions ranged from not sweet at all to very sweet, with the strongest being more than twice as sweet as the soft drink Coca Cola Classic®. Each drink was given five times in random order.

Sixty-five percent of alcoholics preferred the sweetest solution, compared to only 16 percent of non-alcoholics. All subjects were able to distinguish among the different concentrations.

Authors of the report are Drs. Alexey B. Kampov-Polevoy, research fellow, James C. Garbutt, associate professor, and David S. Janowsky, professor, all from the Department of Psychiatry.

Kampov has been exploring the relationship between liking stronger sweets and alcohol craving for more than 10 years. In animals, consumption of sweets, whether sugar or the artificial sweetener saccharin, may not only accurately predict the propensity to drink alcohol long before the first drink, but also significantly suppress alcohol intake as well.

"This latter finding is of interest given the advise found in the early writings of Alcoholics Anonymous that eating and drinking sweets allays the urge to drink," said Kampov, a physician instrumental in bringing the AA program to the former Soviet Union in the late 1980s. "Unfortunately, this observation never made it to the medical textbooks."

Kampov can be contacted through the Carolina Consultation Center, 800-862-6264, or at akampov@med.unc.edu.

Surviving Heart Failure

Women who suffer from a common form of heart failure live longer than men with the same condition, according to a new UNC-Chapel Hill study.

School of Medicine researchers compiled mortality rates from 557 patients with heart failure referred to the university's Heart Failure Program. After two-and-a-half years, women were significantly more likely to survive than men, even after accounting for differences in age, heart function and other factors. A report on the study appears in the December issue of the *Journal of the American College of Cardiology*.

"There's a good biological foundation suggesting that hearts of men and women react differently to heart failure," said Dr. Kirkwood F. Adams, assistant professor of medicine and director of the heart program. "We're hoping to do further research to find out why."

All differences between men and women occurred in patients who suffered heart failure due to non-ischemic causes. Women were just as likely as men to die prematurely when they suffered ischemia.

In the non-ischemic group, however, men were more than twice as likely to die early as women.

Adams and colleagues credit the program's unique data base for helping them discover the gender differences. Most heart failure data bases are predominantly male and ischemic, the physician said. In the UNC-CH study, nearly a third of the subjects were female, and more than two-thirds of the total group suffered non-ischemic heart failure.

Adams said it is important to include more women in clinical trials where new treatments for heart failure are being developed, especially since women seem to react differently to heart failure and also could respond differently to drugs and other treatment.

Although many biological differences exist between sexes, non-biological reasons may explain women's increased survival rates. Women might seek medical assistance earlier than men, be more inclined to return for clinic visits, and be more likely to take their medications.

"The differences we're seeing between genders is probably a mixture of biology and psychosocial factors like compliance," Adams said. "We need to understand what it is about females that makes them survive better and adapt better to their heart failure. Once we understand that, we might be able to change outcomes for everybody."

Adams can be contacted through the Carolina Consultation Center, 800-862-6264, or at kfa@med.unc.edu.

Scientists Find Gene Controlling Melanoma Spread

Scientists at UNC and Pennsylvania State University have discovered a gene they call KiSS-1 that controls spread of an often deadly form of cancer known as malignant melanoma.

In work so far limited to laboratory mice, the researchers stopped the cancer from spreading by inoculating the animals with genetic material from human chromosome 6.

Their finding, which occurred in human cancer cells grown in the mice, should help doctors distinguish between melanomas that will colonize other organs and those that will not. Before long, the researchers say, it also might contribute to improved treatment for the illness, which is increasing across the United States.

A report on the findings appears in the Dec. 4 issue of the *Journal of the National Cancer Institute*. Dr. Bernard Weissman, associate professor of pathology, was one of the authors.

Weissman, a member of the UNC Lineberger Comprehensive Cancer Center, said the researchers found KiSS-1 on chromosome 1 and have not yet identified the master gene they know to be located on chromosome 6. He cautioned that cancers in humans could work differently.

"Still, if this indicates there are targets for therapy that would prevent human tumors from spreading from their original site, that would be a tremendous boon for therapy," he said.

Weissman can be reached through the Carolina Consultation Center, 800-862-6462, or at weissman@med.unc.edu.

Dangers of Vaccines Distorted in Media

Media reports of injuries to children from vaccines designed to prevent diphtheria, pertussis, measles and other illnesses scare parents, increase costly litigation and prevent some infants from being immunized, thereby putting them in danger, according to a new study.

UNC's schools of medicine and public health and Duke University published a study in the Dec. 18 issue of the *Journal of the American Medical Association* which reaffirms physicians' strong faith in recommended childhood vaccines and scolds reporters for unintentionally distorting the facts.

Dr. Gary L. Freed, associate professor of pediatrics and health policy and administration at UNC-CH, is one of the authors of the report, along with Dr. Samuel L. Katz of Duke and Sarah J. Clark at UNC's Sheps Center for Health Services Research.

As an example of unintentional media distortion, the authors cite Heather Whitestone, who was chosen as Miss America in 1994. Her deafness has been the subject of widespread media attention. Major U.S. newspapers reported that Whitestone's deafness resulted from an adverse reaction to a routine DPT vaccination at age 18 months. Not until several days later did some papers run a correction saying her deafness was not due to a vaccination "but actually resulted from Haemophilus influenzae, type b meningitis, a disease now preventable by vaccination."

The public worries about vaccine safety in part because of erroneous news reporting of adverse events allegedly due to immunization, the study showed. Large monetary awards from courts — despite poor or nonexistent evidence — stimulate media coverage, more lawsuits and greater concern.

"Although serious and permanent reactions to vaccines do occur, recent studies and rigorous review of previous research indicate the rarity of these events," the authors said.

Scientific reports on the overwhelming safety of vaccines date back nearly 50 years and correspond with the first large-scale U.S. immunization program.

Freed can be reached through the Carolina Consultation Center at 800-862-6462, or at gary_freed@unc.edu.

The Limits of Love

by Elizabeth Zubritsky

We think of love and human relationships as emotional, spiritual, and perhaps mystical. But could there be a biological explanation for the bonds between people, even between mother and child?

Cort Pedersen, MD, professor of psychiatry, thinks so. His studies of the maternal behavior of rats have led him to believe that there is one biological system to initiate emotional attachments and another to maintain them.

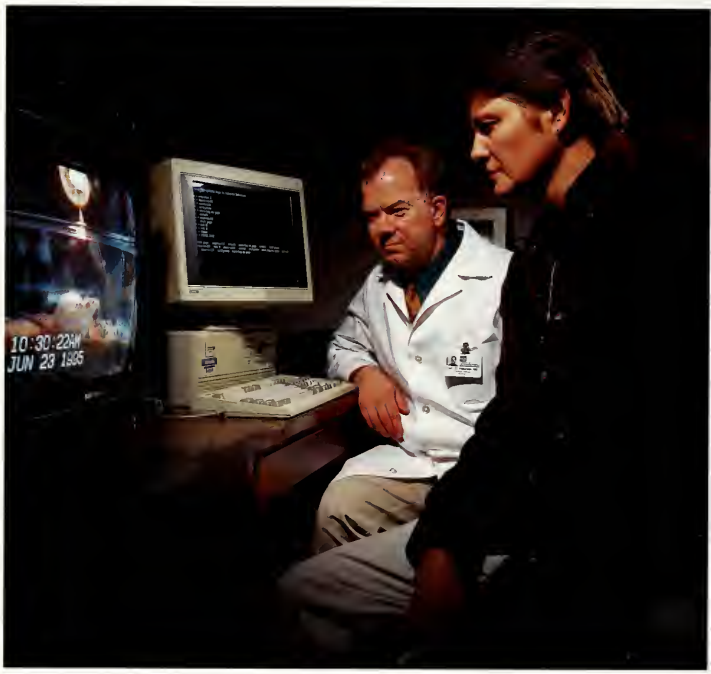
Pedersen's work began in the 1970s, when researchers suspected that the hormone oxytocin played a role in maternal behavior. They recognized that large amounts of oxytocin are released into the bloodstream before delivery–just when the female rat becomes interested in her pups.

"There had been a number of experiments to see if oxytocin released into the blood affected maternal behavior," Pedersen says. "All had turned out negative, but that was before people realized oxytocin was also in the brain."

Pedersen and his colleagues blocked oxytocin in the brains of mother rats, and the mothers immediately lost interest in their pups. They spent less time nursing, took longer to begin nursing, and did not always retrieve stray pups. The inverse was also true: Virgin rats who had been given both oxytocin and estrogen–which increases the brain's receptivity to oxytocin–began to act like mothers. The effects took less than 40 minutes.

Later work by Pedersen's group showed that, near the end of pregnancy, oxytocin levels change dramatically in areas of the brain involved in mothering behavior–more evidence linking the hormone to maternal instincts.

To explore oxytocin's role further, Pedersen's group studied mother rats that had five-day-old pups. Some mothers remained with their pups (the control group), some were separated from their pups for nearly a week, and some lived in "proximal separation," with the pups in a cage next door–where the mother could see, hear, and smell her young but couldn't nurse them.



Cort Pedersen, MD, and Josephine Johns, PhD, carefully watch how a mother rat responds to her pups.

"We wanted to see how quickly the females would resume maternal behavior once we returned the pups," Pedersen said. "After four to six days, we gave the mothers access to the pups. Bang! The proximally separated group started mothering right away."

The researchers assumed that a release of oxytocin caused the rapid resurgence of mothering behavior. They repeated the experiment but blocked oxytocin in the mothers before returning the pups. This time, the proximally separated mothers didn't resume their caretaking though the same treatment had no effect on the control gourd. It seemed that the mothers who experienced proximal separation needed the hormone to become mothers again.

Pedersen thinks physical contact with the pups, particularly suckling, mobilizes a "maintenance" system which doesn't depend on oxytocin. Other observations support the idea. Oxytocin levels in the mother's brain return to normal several days after delivery, and blocking the hormone at that time doesn't diminish the mother's responsiveness to her pups.

"It seems as if the brain is wired so that the oxytocin system initiates maternal drive," Pedersen says. "But, once there is consummation of maternal behavior through significant physical contact, another system takes over."

Three days of proximal separation are needed to revert to the oxytocin-dependent system. And having no contact with pups seems to shut down both mechanisms: After being completely separated from their pups for four days, mothers hardly bothered to retrieve youngsters who left the nest.

"The whole purpose of maternal behavior is to make sure the pups are fed and kept warm," Pedersen says. "Stimulation from suckling tells the mother that the infants are being fed. Then the initiation system isn't needed, and the maintenance system takes over."

In addition to providing specific information about maternal behavior, Pedersen thinks this research will help us understand the nature of human relationships and loss.

"Initially, as we're falling in love, passions are very strong, but they seem to fade over time," Pedersen says. "It may be that we're experiencing a shift from the initiation to the maintenance mechanism.

"If there's a breakup or loss, the maintenance mechanism dissolves," Pedersen says. "But we have very vivid memories, and we experience situations–places or friends–that remind us of the other person. This is proximal separation: You can't 'consummate' the relationship, but you are still exposed to stimuli from the other person. That may reactivate the mechanisms that initiated the relationship."

Maybe Pedersen has figured out why, long after a break-up, hearing a particular song can make us miss someone. The body is waiting for love. ❑

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The Broken Bond

Cocaine-addicted mothers say they love their children but often neglect or mistreat them," says Josephine Johns, PhD, research associate professor of psychiatry and adjunct professor of psychology. "I began to question if cocaine prevents the women from bonding normally with their children."

Johns suspected that cocaine might interfere with oxytocin, the hormone that initiates maternal behavior in rats. She suggested it to Pedersen and other colleagues, and their early work led to a five-year grant from the National Institutes on Drug Abuse. After only one year, Johns and her students — with the help of Pedersen and of George Mason and Linda Noonan, research professors in psychiatry — have unexpected results.

The researchers compared normal mother rats to a chronically treated group, which received cocaine until the day before they delivered their pups, and to an acutely treated group, which received a single dose after delivery. In all cases, the pups were removed from the cages after delivery and replaced with surrogates that had no prenatal exposure to cocaine.

Both the chronic and acute mothers showed less interest in their pups than the control group did. The cocaine-treated mothers delayed nursing, spent less time at it, and took longer to retrieve wandering pups. Some chronically treated mothers didn't build nests.

This neglect mimicked the behavior of some human "crack-cocaine moms," and it looked familiar to Pedersen. The cocaine-treated rats behaved like rats who, shortly after delivering, were given substances to block oxytocin. However, an important difference was a dramatically elevated level of aggression in the chronically treated animals.

Normally, a mother rat will defend her pups against an intruder, particularly a male. But the chronically treated mothers were so aggressive toward intruders that some experiments had to be stopped because the intruder's life was threatened. During these frenzied attacks, the mothers disregarded the pups, running them over and endangering them. Johns suggests that these rats may be misinterpreting cues from the intruder as threatening.

Surprisingly, Johns and her students found that the acutely treated rats were less aggressive than normal ones. Mothers treated with larger doses of cocaine were more likely to allow an intruder to attack their pups..

The researchers found a link between oxytocin and the amygdala, an area of the brain associated with rage and other emotional behavior. Chronically treated mothers had significantly reduced levels of oxytocin in the amygdala when they were most aggressive, while acutely treated mothers had normal or nearly normal levels. These results suggest that oxytocin plays a role in regulating maternal aggression through specific brain areas.

With cocaine's disruption of the initiation of maternal behavior firmly established, Johns is wondering how the drug affects mother-infant interactions further down the road. And she wants to find out if treating a mother with oxytocin will ameliorate some of cocaine's effects, perhaps enhancing the mother-child bond.

Faculty Notes

Joseph S. Pagano, MD, professor of medicine and microbiology and immunology and director of the Lineberger Comprehensive Cancer Center, received the North Carolina award, the state's highest honor. An internationally-recognized virologist, Pagano is known for his ground-breaking work linking the Epstein-Barr virus with several types of cancer. One of his landmark contributions is the development of new ways to detect viruses in cells by looking for viral DNA. Discovering how viruses replicate and persist is part of Pagano's long-term goal to learn how to control viral infection.

Pagano, considered a leader in the development and study of antiviral drug therapies, has conducted research resulting in the discovery of the molecular mechanisms of action of several drugs used to treat herpes virus infection as well as clinical trials to determine their effectiveness.

A School of Medicine faculty member since 1965, Pagano helped found and has directed the Lineberger Center since its beginning in 1975. Pagano also is a consultant to the National Cancer Institute, president of the Association of American Cancer Institutes and a member of the Governor's State Cancer Commission.

The North Carolina awards were instituted by the 1961 General Assembly to recognize accomplishments by North Carolinians in the fields of science, literature, fine arts and public service. The 1996 awards were presented by Gov. Jim Hunt at a special dinner in December.

Damon P. Anagnos, MD, assistant professor of plastic and reconstructive surgery, was appointed medical director of the Hand Rehabilitation Center effective July 1, 1996.

Anagnos obtained his medical degree in 1988 from Bowman Gray School of Medicine. Following an internship at Emory University in Atlanta, he completed three years of general surgery residency at Vanderbilt University in Nashville. He further trained as a plastic surgery resident at the University of Virginia Health Sciences Center.

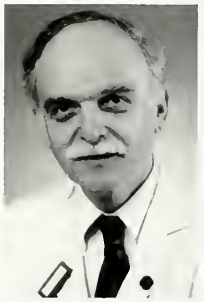
Prior to joining the UNC faculty, Anagnos received experience as a hand fellow at the Kleinert Institute for Hand and Microsurgery located in Louisville, Ky. In addition to his special interest in hand surgery, Anagnos has clinical interests in reconstructive surgery, microsurgery, and congenital deformities.

Robert E. Gwyther, MD, professor of family medicine, has been named director of the Family Medicine Clerkship. He is also the new director of Medical Student Programs for the Department of Family Medicine and continues to serve as director of the School of Medicine's substance abuse course.

Gwyther joined the faculty in 1978 after graduating from the Medical College of Ohio and serving a residency in family practice at Akron City Hospital. He also holds an MBA in management from Case Western Reserve University.

Jo-David Fine, MD, MPH, professor of dermatology, was the first Robert Jackson Lecturer at the University of Ottawa, Department of Dermatology, in April 1995. He was elected into membership of the American Dermatological Association in September 1996.

Floyd A. Fried, MD, John S. and John F. Rhodes professor of surgery in the Division of Urology, was honored by the University of Chicago with receipt of a Medical and Biological Sciences Distinguished Service Award.



The awards recognize alumni who have brought honor and distinction to the University of Chicago and its medical school by demonstrating outstanding leadership in, and making significant contributions to, the health field through basic research, clinical care, health service administration, or public service.

Fried received his medical degree from the University of Chicago and was recruited from their faculty by UNC in 1970 to become urology chief. He served in that capacity until 1993.

Melanie Mintzer, MD, assistant professor of family medicine, received the Margaret Sanger Award on November 19, 1996, for 25 years of service to Planned Parenthood. Mintzer was presented with the award in recognition of her significant contribution to the advancement of voluntary family planning. She has served as Medical Director of Planned Parenthood of Orange and Durham Counties, and in other capacities during her 12-year affiliation with the chapter.

Ulhas P. Naik, PhD, research assistant professor of pharmacology, was awarded the 1996 Young Investigator Prize in Thrombosis by the American Heart Association's Council on Thrombosis.

The honor recognizes researchers for innovative work in the field of thrombosis. Naik was honored for discovering a novel calcium-binding protein called CIB that apparently is a key part of the platelet-clumping process by which blood clots form.

Gerald M. Sloan, MD, was named the Ethel F. and James A. Valone Distinguished professor of surgery effective July 1, 1996. The professorship, designated for the chief of Plastic and Reconstructive Surgery, was established in 1994 by James A. Valone, a recently retired Raleigh plastic surgeon, and his wife.

Sloan, a specialist in pediatric plastic surgery, particularly cleft lip and palate, joined the faculty in 1995. His research focuses on the surgical treatment of cleft palate-related speech problems.

He has been named a fellow of the American Academy of Pediatrics and the American College of Surgeons and is a diplomate of the National Board of Medical Examiners, American Board of Surgery and American Board of Plastic Surgery.

Sloan has been a consultant for ongoing research at the National Cancer Institute's Surgery Branch and a member of the Scientific Advisory Panel of the Center for Craniofacial Molecular Biology. A current research project, funded by the National Institute of Dental Research, focuses on pharyngoplasty and pharyngeal flap in a multicenter trial.

Keith Wailoo, MD, assistant professor of social medicine, has been awarded the Arthur Viseltear Book Prize from the American Public Health Association for his forthcoming book "Drawing Blood: Technology and the Problem of Disease Identity in 20th Century Medicine." Johns Hopkins University Press will publish it this spring.

Michael D. Peck, MD, ScD, has been appointed professor of surgery and director of the North Carolina Jaycee Burn Center in UNC Hospitals, effective August 31, 1996.

The 21-bed burn facility is the state's only burn center and is one of the most comprehensive in the nation.

Peck received his bachelor's degree in biology at Harvard University. His medical degree was obtained at the University of Colorado in 1981, and in 1990 he graduated from the University of Cincinnati with a doctor of science degree in surgery.

Peck completed a general surgery residency at the University of Arizona-Tucson in 1986, and further trained as a clinical fellow in burn surgery at the University of Washington in Seattle. He then pursued a three-year study of surgical infections as a research fellow at Shriners Burn Institute in Cincinnati.

From 1990 until coming to Chapel Hill, Peck co-directed the Jackson Memorial Burn Center at the University of Miami School of Medicine. He is a fellow in the American College of Surgeons, and has served on committees of the American Burn Association, the American Society of Parenteral and Enteral Nutrition, and the Surgical Infection Society.

Eric Schopler, PhD, founder and co-director of Division TEACCH, will receive the 1997 Award for Distinguished Contributions for Services in the Field of Clinical Child Psychology. The award, given by the clinical child psychology section of the American Psychological Association, honors people who provide exceptional services to children and families, create innovative and effective programs of mental health service, develop applied practices that benefit the psychological functioning of children and provide solutions to clinical child problems in the field. Schopler will accept the award in August.

Gilbert C. White II, MD, professor of medicine and pharmacology and director of the UNC Comprehensive Hemophilia Diagnostic and Treatment Center, received the 1996 Murray Thelin Award from the National Hemophilia Foundation. The annual award goes to a scientist who has made a major contribution to research on hemophilia.

Development Notes

Carmen Hooker Buell visits with Jim Millis, president of the Medical Foundation Board of Directors, after the board's January 18 meeting. Hooker Buell, group vice president for government relations for Carolinas HealthCare System, was a guest speaker at the meeting and addressed "Public Policy Oversight and the Emerging Health Care System."

Arthritis Center Meets Matching Gift Challenge

UNC's Thurston Arthritis Research Center has met a $500,000 matching challenge gift pledged by Mrs. Doc J. Thurston Jr. and her son, Doc J. Thurston III.

All members of the Thurston Arthritis Research Board of Advisors participated in the challenge, committing $339,000 of the half-million dollar match. The balance was pledged by friends of the Thurston Arthritis Research Center.

Board members Ed Reeves and Anita Badrock led the successful campaign; the funds are designated for a research endowment to study the more than 100 arthritis-related diseases.

The center's long-range goal is to raise a $5 million research endowment. Phase I of that effort is now complete, and plans for Phase II are underway.

The center was established in 1981 and named for the late Doc J. Thurston Jr. Arthritis affects one in three households in the United States, and is the country's number one cause of disability. The interdisciplinary center houses scientists, clinicians and behavioral researchers, and has gained international recognition as a leader in rheumatology and autoimmune research.

Breast Cancer Research Receives $85,000 Gift

The Breast Cancer Research Foundation, founded in 1993 by Evelyn Lauder of the Estee Lauder Companies, has given $85,000 to the UNC Lineberger Comprehensive Cancer Center for its clinical program in breast cancer research. UNC was one of 10 grantees across the nation honored with awards at the Foundation's luncheon at New York City's Metropolitan Club last October. Barbara Walters of ABC news presented the awards.

UNC has one of six Specialized Programs of Research Excellence (SPORE) in breast cancer from the National Cancer Institute. UNC's SPORE combines molecular biology and epidemiology to uncover the molecular causes of breast cancer. It partners lay citizens, state government offices and cancer researchers to increase the use of mammography. Unique to the UNC SPORE is the focus on breast health in an underserved population: older African-American women.

"The Breast Cancer Research Foundation takes great pride in our association with the UNC Lineberger Comprehensive Cancer Center," Lauder stated. "Let us hope that by working together, we move closer to answering the many questions about breast cancer and to finally eradicating this dread disease."

Evelyn Lauder, left, Founder of the Breast Cancer Research Foundation, presents a 1996-97 Clinical Breast Cancer Research Award to Edison Liu, MD, who was then director of UNC's SPORE in breast cancer, and Denise Bittner, director of development for the UNC Lineberger Comprehensive Cancer Center.

Fund Established for Psychiatry Residency Training

The Dr. Ray M. and Mrs. Christine G. Hayworth Excellence Fund for Residency Training was established in 1996 as a tribute to the Department of Psychiatry's Residency Training Program at UNC-Chapel Hill.

The psychiatry department currently trains 12 to 14 new residents each year. They help care for the medical center's annual population of 16,000 inpatients and 20,000 outpatients.

Ray Hayworth is a 1962 graduate of the School of Medicine. He completed an internship at the U.S. Navel Hospital in Philadelphia and a residency in psychiatry at the University of Tennessee Center for Health Sciences in Memphis. He practiced psychiatry in Knoxville for more than 20 years before retiring.

The Department of Psychiatry was formally established in 1952 when the decision to expand to a four-year medical school was made. South Wing, which served as the inpatient and administrative home for the department, was completed in 1955. The department is now housed in the N.C. Neurosciences Hospital, a 250,000 square foot facility which also includes programs in neurology, neurosurgery, otolaryngology and emergency medicine.

Christine G. and Ray M. Hayworth, MD '62

News Briefs

Specialty, Debt Trends for Med School Graduates

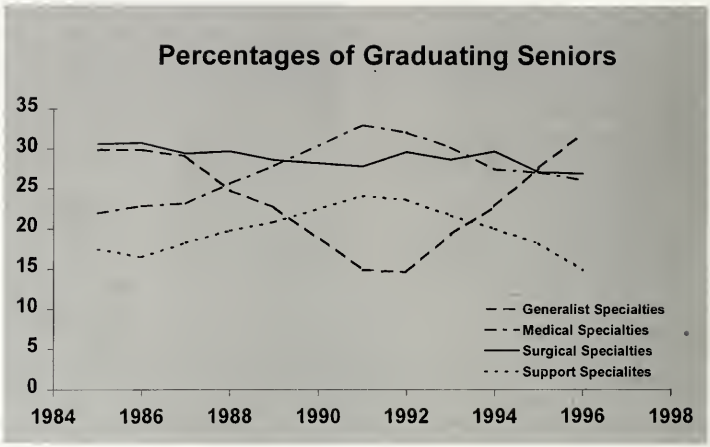
This article is reprinted with permission from the Association of American Medical Colleges and appeared in the Jan. 1997 issue of Reporter.

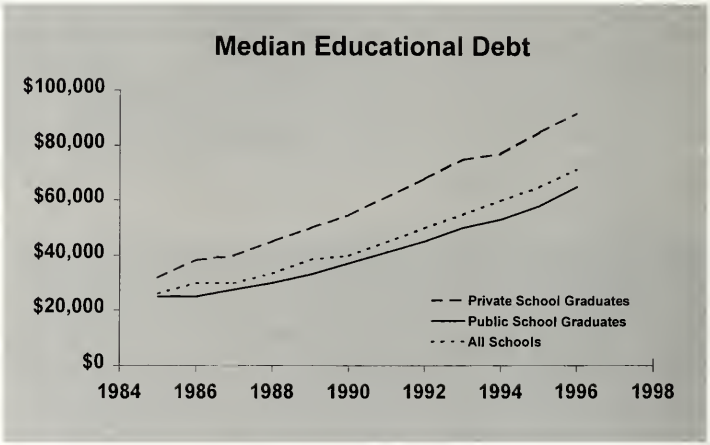
The resurgence in the number of medical school graduates interested in the generalist specialties has continued for a fourth year, according to the results of the 1996 AAMC Medical School Graduation Questionnaire. Graduates planning careers in the generalist specialties — family practice, general internal medicine, and general pediatrics — have increased steadily from a low of 14.6 percent in 1992 to 31.9 percent in 1996.

Among the three generalist specialties, family practice experienced the greatest gain, from 9 percent in 1992 to 16.6 percent in 1996. Interest in general internal medicine and general pediatrics also grew sharply over the same period.

The 1996 GQ also showed that median educational indebtedness of medical school graduates continues to rise. Overall, educational debt increased from $26,000 in 1985 to $71,500 in 1996. Median public school graduates' educational debt rose from $25,600 in 1985 to $65,000 in 1996. Private school graduates' debt increased from $32,000 to $92,000 over the same period.

Most striking is the growing number of graduates with high debt loads. In 1985, only 3.3 percent of graduates had debt of $75,000 or more, but this rose to 39.2 percent in 1996. In 1996, 37.9 percent of private school graduates had debts of $100,000 or more, and 10.7 percent had debts equal to or greater than $150,000.





Med Students Honored at Community Service Day

Twenty-nine School of Medicine students were inducted into the Eugene S. Mayer Community Service Honor Society on Feb. 1, in conjunction with Preceptor Appreciation Weekend on the Chapel Hill campus.

The students made poster presentations to faculty and physicians from around the state. Three projects were selected for special presentation. All presenters were second-year students.

- Daniel DeMeyts and Erica Wolff studied the Durham Policy Department's response to domestic violence (DV) cases and helped implement a formal DV protocol.
- Dawn Johnson worked with Durham's Community Health Coalition to reorganize the Coalition for Action on AIDS in the Black Community.
- Lisa Flora conducted a project on child passenger safety and injury prevention. Her proposal to the state of North Carolina resulted in the acquisition of 25 car seats that will be distributed to needy patients at UNC Hospitals.

Eddie L. Hoover, MD

Zollicoffer Lecturer Touts Careers in Academic Medicine

Eddie L. Hoover, MD, professor and chair of surgery at the State University of New York at Buffalo, came to Chapel Hill in January with a message.

"There are currently 3,000 unfilled clinical faculty positions in U.S. medical schools," he told the standing-room-only audience at the 17th annual Zollicoffer Lecture. "Many medical students today are not aware of the range of opportunities available to them in the world of academic medicine. But academic medicine is a uniquely rewarding career path which combines the missions of physician and teacher. It's a dynamic field that more medical students should consider."

Hoover also stressed that students should research all the possibilities when selecting a specialty. He noted that there are more than 100 specialties and subspecialties listed in the *Journal of the American Medical Association's* index. Many specialties are sorely lacking residents. For example, in 1996 there were no residents in foot and ankle orthopaedics in the entire country, and only one resident in the internal medicine/preventive medicine specialty.

Hoover has been campaigning to promote the recruitment and retention of African-Americans in academic medicine. A native of Charlotte, he received his BA from UNC-Chapel Hill and his MD from Duke. He completed a general surgery residency and a cardiothoracic fellowship at the New York Hospital-Cornell University Medical Center.

The Lawrence Zollicoffer Lectureship was established in 1981 by members of the Student National Medical Association and named in honor of the medical school's fourth African-American graduate and founder of the Garwyn Medical Center in Baltimore. The purpose of the lecture series is to honor Dr. Zollicoffer for his qualities as a physician and humanitarian, and to expose the student body to dynamic minority role models in the field of medicine.

Building to be Renamed for Mary Ellen Jones

On April 23 at 10 a.m., the Faculty Laboratory Office Building will be renamed the Mary Ellen Jones Building in a dedication ceremony honoring the former chair of the Department of Biochemistry and Biophysics.

The keynote speaker will be Mary Sue Coleman, PhD, president of the University of Iowa and a former student of Jones.

Jones, a life-long leader and pioneer in biochemistry, passed away on August 23, 1996, after a courageous battle with cancer.

North Carolina Establishes ALF Chapter

Physicians from UNC Hospitals, Duke University Medical Center and Wake Medical Center recently formed the first chapter of the American Liver Foundation (ALF) based in North Carolina. The Triangle chapter, with headquarters in Chapel Hill, is dedicated to fighting liver disease through research, education and patient self-help groups.

The ALF currently has more than 12,000 members in 35 chapters nationwide, including physicians, other health professionals, patients and supporters, organized and operated by lay volunteers. It is supported by private and corporate contributions.

For more information about the Triangle chapter of the ALF, call 919-966-2516.

NEJM Editor Delivers Merrimon Lecture

Jerome Kassirer, MD, editor in chief of the New England Journal of Medicine, spoke on "Managed Care and the Morality of the Marketplace" at the 1996 Merrimon Lecture on Nov. 19.

Kassirer, who became the journal's editor in chief in 1991, has written editorials on many topics including scientific misconduct, conflicts of interest, diagnostic reasoning and electronic publishing. He is also the author of several original and clinical studies, textbook chapters and books on nephrology, medical decision-making and the diagnostic process.

The Merrimon Lectureship, established in 1966 by the late Louise Merrimon Perry in memory of her father, brings a distinguished lecturer to the medical school each fall. It was Perry's wish that the lectures address the origins, traditions, history and ethics of the medical profession and the ethical philosophy

Student Research Day

The School of Medicine honored five medical students for their research projects during the 29th annual Student Research Day Feb. 12.

Fifty-three students presented their research during the event, sponsored by the John B. Graham Research Society and the Whitehead Medical Society. Students' slide and poster presentations covered a wide range of topics, from fundamental bench science to medicine's role in social issues.

The day ended with an awards banquet and the annual Ralph R. Landes Lecture, given this year by Julius Axelrod, PhD, Nobel Laureate and guest researcher at the National Institutes of Health.

Students honored at the awards banquet were:

- Emma Morton, a first-year student from Carrboro, for her project "Partner Homicide-Suicide Involving Female Victims: A Population-Based Study in North Carolina"
- Robert Reagan Jr., a third-year student from Wilmington, for his research on "Glucocorticoid Receptors in Benign Prostatic Hyperplasia and Prostatic Carcinoma"
- Mark Williams, PhD, from Greensboro, for his project "Adenosine Reduces Neutrophil Adherence to Stimulated Endothelium by Inhibiting Stimulus Initiation"
- Leslie Ellis, a first-year student from Durham, for her research on "Identification of Xenoreactive Antigens on Procine Microvascular Endothelial Cells"
- Eyal Attar, a fourth-year student from Raleigh, for his project "AXL Receptor Tyrosine Kinase: Mechanisms of Transformation."

1997 Student Research Day award recipients with guest lecturer Julius Axelrod, PhD. From left, Emma Morton, Robert Reagan Jr., Axelrod, Mark Williams, Leslie Ellis and Eyal Attar.

Medical Services Firm Expands Statewide

UNC Health Care System will share ownership of a medical management company with three other North Carolina medical centers. UNC Health Care System, Carolinas HealthCare System, and University Medical Center/Pitt County Memorial Hospital, Inc., have each bought 25 percent of the equity interest of Management Directions of North Carolina (MDNC). Bowman-Gray/Baptist Hospital will retain 25 percent of the company, which provides management services to physician practices.

"This initiative is an investment in strengthening community health providers and will serve as the foundation for statewide collaboration," said Mary A. Beck, co-director of UNC Health Care System.

The transaction makes MDNC one of the first management services organizations in the country to operate statewide. The company handles the business aspects of medical practices, allowing physicians to concentrate on treating patients. Its services are designed to help physicians lower costs, increase revenue and remain independent in the highly competitive managed care environment.

MDNC's services include practice management, information systems, accounting, centralized billing and collections, transcription, facility planning and physician recruiting. A new area of emphasis for the company will be negotiating and administering managed care contracts for its clients, who will be organized into groups for this purpose. The physicians will be linked by an information systems network.

MDNC's affiliation with the medical centers means the company can offer discount purchasing of medical supplies and equipment. MDNC clients also have access to proven strategies for dealing with practice management and contracting problems.

"We bring physicians a higher level of management that brings their practices up to top efficiency," said Patricia Vogel, president of MDNC.

MDNC will continue to be headquartered in Winston-Salem. The company will be governed by a board of directors with representatives from the four institutions. MDNC currently has 75 employees and serves more than 600 physicians in northwest North Carolina.

Alumni Notes

30s

Louis Appel, CMED '31, celebrated his 88th birthday in Texas at a party given by his daughter. He and his wife traveled from their home in Palm Coast, FL.

40s

Robert A. McLemore, CMED '42, is retired and lives in Springfield, OH.

50s

Hisashi Kajikuri, MD, Housestaff '50, is a thoracic and vascular surgeon at the Community Hospital of the Monterey Peninsula in Monterey, CA. He is the first recipient of the hospital's Physician Recognition Award, created to honor members of the medical staff in appreciation of their dedicated service, outstanding clinical care, and contributions to the hospital and the community. He joined the medical staff of Community Hospital in 1967.

Gordon R. Heath, MD '52, is retired and lives in Lakeland, FL, where he enjoys his three children and three grandchildren.

J. Fred Saunders, MD '54, is retired and lives in Aulander, NC.

Oliver F. Roddey Jr., MD '55, was presented with the Practitioner Research Award at the annual meeting of the American Academy of Pediatrics in October 1996. The award provides recognition to full-time practitioners responsible for a major advance in pediatrics.

60s

Giles C. Floyd, MD '62, is retiring to Charlotte after 30 years of practice in San Francisco.

James G. White, MD '63, has been elected chairman of the American Medical Association Political Action Committee. He lives in Ormond Beach, FL.

Robert Kindley, MD '65, has retired from the Air Force as a colonel after serving 22 years. He is now an allergist in private practice in Fort Walton Beach, FL.

Lewis Sigmon, MD '66, has been appointed to a three-year term on the residency review committee in family practice of the Accreditation Council on Graduate Medical Education. He is developing a rural residency track in family practice in Monroe, NC, in affiliation with Carolina's Medical Center.

70s

George E. Burgess III, MD, Housestaff '71-'74, has been appointed executive vice president and chief operating officer of Our Lady of the Lake Regional Medical Center in Baton Rouge, LA. He is a board-certified anesthesiologist.

Charles P. Langley, MD '75, a partner in Shelby (NC) Medical Associates, has published his first children's book, "Catherine and Geku: The Adventure Begins." A second book in the series is in production and will be available this spring.

Cynthia Conrad, MD '78, is an associate professor of clinical psychiatry at the University of Connecticut, where she teaches psychopharmacology in the psychiatric residency program. She also is a senior consultant at the Institute of Living in Hartford.

Ellen Fitzgerald, MD '79, is director of OB-GYN research for the Kelsey-Seybold Foundation in Houston. Her clinical outcomes research team has had three papers accepted to the spring American College of OB-GYN meeting.

80s

Kathi Kemper, MD '82, MPH '83, a pediatrician in Seattle, was recently named one of the best doctors in America. Her first book, the Holistic Pediatrician, was published by Harper Perennial in 1996.

Valencia P. Covington, MD '83, is chief of quality resource and management for the Carolina Permanente Medical Group in Charlotte. She and her husband, Rev. J. R. Covington Jr., are the parents of Kimisha, 8, and James III, 6.

Christopher G. Koeppl, MD '83, is an internist and president of Rhinelander Medical Center in northern Wisconsin. He and his wife, Gina, are the parents of Carson Maria, 3. His e-mail address is 74654.3722@compuserve. com.

Jocelyn M. Pyles, MD '83, was recently appointed to the board of trustees of the Texas Institute for Arts in Education and to a second term on the board of trustees of the Houston Grand Opera.

Gary Horowitz, MD '85, is chief of reproductive endocrinology and infertility, and program director of residency, at David Grant Medical Center in Vacaville, CA. He was selected Professor of the Year in 1996 by the American College OB-GYN.

James E. Edwards, MD '87, and **Eve G. Spratt, MD '87**, are on the faculty of the Medical University of South Carolina. They have been married more than four years and have one son.

Amanda I. Adler, MD '88, is a clinical epidemiologist at the University of Oxford, England, in the Diabetes Research Laboratories.

Elizabeth Craver Adams Pryor, MD '88, has joined Wendover OB-GYN in Greensboro. She and her husband, Brett, an opera student at UNC-G, have moved into a restored 1910 post-Victorian home. She can be reached at ellietaz@aol.com.

Lisa Alverson Fair, MD '89, adopted a baby boy, Samuel Owen Fair, on November 20, 1996.

90s

John Atkins, MD '90, is a major at Brooke Army Medical Center in San Antonio, TX, working in pulmonary disease and critical care medicine.

Gardiner Roddey, MD '90, and **Patricia Roddey, MD '90**, are both practicing with Mecklenburg Medical Group in Charlotte. They have a 3-year-old son.

Angela R. Scott, MD '90, is an assistant professor of ophthalmology at Duke University Eye Center. She and her husband, Walter Scott, MD, former housestaff, announce the birth of their son, Walter Williams "Will" Scott III, on November 5, 1996.

James M. Coggin, MD '91, has started a new specialty referral center for fibromyalgia and chronic fatigue syndromes, Myomed Treatment Center, in Sanford, NC. His e-mail address is myomed@interpath.com.

Van Crisco, MD '91, is a cardiology fellow and aspiring molecular cardiologist at Emory University in Atlanta, where he studies endothelial cell redox-sensitive transcription factors and gene regulation. He is married to Carol Poston Crisco, MD, whom he met at the University of Michigan during residency training (internal medicine and pathology, respectively). They welcome visits from classmates, and can be reached at lcrico@emory.edu.

Catherine Gordon, MD '91, is completing a fellowship in adolescent medicine/endocrinology at Children's Hospital in Boston. She received the 1996 Housestaff Teaching Award for outstanding contributions to resident education. She and her husband, Didier Mandelbrot, live in Boston. She can be reached at gordon_c@a1.tch.harvard.edu.

Ann Rhamy Johnson, MD '91, is a family physician in University Park, MD. She and her husband, Robert Hunt Sprinkle, MD, PhD, have a daughter, Alice Diana, born September 26, 1996.

Philip L. Baird, MD '92, is a physician on staff at Sidney Hillman Family Practice in New York, NY.

Catherine Bowman, MD '93, is in private practice in Roswell, GA. She completed her residency in pediatrics at Emory University in Atlanta. She and her husband, Ted Davis, are the parents of 2-year-old Theodore Harris Davis III.

Harry Broome, MD '93, completed his residency at Phoenix Children's Hospital/Maricopa Medical Center and is now in private practice in Phoenix. He was married to the former Karen Sue Ramondetta of Medford, NJ, on October 7, 1995.

Laura Enyedi, MD '93, is an ophthalmology resident at Duke University. She will start a pediatric ophthalmology residency there in July. She and her husband, Mark, became the parents of a daughter on June 6, 1996.

Victor F. Randolph, MD '93, is a family practitioner in Hermiston, OR.

Lanetta B. Thorpe, MD '94, is a member of the University of Miami School of Medicine Department of Psychiatry. She also consults in the arena of health care delivery systems. Her husband, Marion D. Thorpe Jr., MD, MHA '94, is medical director for Foundation Health, a California-based Fortune 100 managed care company. He also is an adjunct professor at the University of Miami School of Medicine. They have an 18-month-old daughter, Kyla Ariana.

Allison Poston, MD '95, is a pediatrics resident in Lexington, KY. She and her husband, Joe, welcomed a son, Scott Paul, on August 27, 1996.

Deaths

Ralph Siler Morgan, CMED '39
Walter G. Hilderman, CMED '40
Ernest C. Richardson Jr., CMED '41
Dale R. Lackey, MD '61

President's Letter

My year as president of our association is ending. It has been an interesting educational year for me and I thank you for the opportunity. When elected, Bill and Stephanie told me that I had a 'clear mandate from the people' to lead our organization, having received 100 percent of the vote. The fact that I was the only candidate did not seem to matter. It has been a lot of fun because we all know that you and the staff do the work of the association.

Thanks to you we have continued to increase our support of the school through the Loyalty Fund for scholarships, research grants, recognition of outstanding students and faculty, endowment of the alumni association professorship and support of the student computer lab. We have increased the interaction and communication between the school and alumni with regional and general alumni meetings and co-sponsorship of the CME programs.

The school continues to prosper and increase in stature, being ranked among the nation's best for value, research funding and, perhaps most important, the quality of the faculty as judged by their peers. Jim Bryan, the recipient of the Distinguished Faculty Award last year, has been kind enough to speak at several regional alumni meetings. He enjoys reciting the past and present faculty members with whom he has been associated, and who helped him and the school become what they are.

Although I enjoyed the meetings with students, faculty and alumni, the event that I will never forget was the memorial service for Dr. Ike Taylor. The service was appropriately held in the old fourth floor clinic auditorium, where many of us received much of our didactic clinical education. As the school and hospital have expanded, it is one of the few places many of us 'old-timers' can find or even recognize. All but the youngest of you remember Ike as our very capable dean several years ago. Attending this service were many of his friends and most of his children, including James and Livingston, who have attained significant fame of their own. Many friends recited stories and unique characteristics of this great physician and medical leader. Of particular interest to me was the presence of so many current and former faculty members who were there 35 years ago when I graduated. It reminded me that although medicine continues to change at breakneck speed, there is a certain constancy and timeliness to the school and its great faculty.

I recognized Drs. Fordham, Gottschalk, Hollander, Denny, Chamberlin, Summer, Sessions, Thomas, Peacock, Brinkhous, Pennick, Van Wyk, Sorrow, Blythe, Wilcox and Cromartie as faculty present at that time. I debated naming them for two reasons. The first reason is that I have surely left someone out, either because I did not see them, did not recognize them or because of the change in my short-term memory. The second reluctance to name names is because some still look so young that they may not want me to divulge that they were on the faculty that long ago. I ask them to forgive me as they forgave our mistakes as we struggled to become doctors.

I hope you will join us in April for our annual meeting and class reunions. Darlyne Menscer will assume the presidency, having also received your unanimous support. She has already been working as a member of the search committee for the new dean. We understand that they have settled upon an outstanding candidate. We hope he or she will get through the various required board approvals and be present at our annual meeting.

On your behalf I would like to thank Stuart Bondurant for becoming, as he says, a "refried dean" and leading the school through this transition. Continuity was critical during this period as there were chairmanships of departments to be filled and other issues, making a holding pattern unacceptable. We are also grateful to Michael Simmons for his leadership. He brought a lot of enthusiasm, energy,

and ideas to the school that will serve us well. We are sorry that a longer tenure was not possible, but we hope he will remain with us and continue to contribute as we adapt to this new world.

I would like to personally thank Bill Easterling, Stephanie Stadler, Jane NcNeer, Ed Crowder, and the staffs of the Alumni Office, Continuing Education Office, Medical Foundation, and Dean's Office who perform the work of the alumni association and who make our continuing relationship with our school possible. I thank those of you who served on committees, arranged the local meetings and helped in so many ways to make our organization grow.

I hope to see you all in April and at future meetings. ⌟

Carl Phipps MD

Carl Phipps, MD '62

CME/Alumni Calendar

Medical Alumni Activities

May 2	May Day Trauma Conference	Chapel Hill
May 3-4	Glomerular Disease Collaborative Network	Durham
May 9	What's New in Thoracic Surgery?	Chapel Hill
May 12-13	IBS Patient Education: It Works Both Ways	Washington, DC
May 22-23	18th Annual TEACCH Conference: Neuropsychology & Autism	Chapel Hill
June 6-7	Electrocardiogram Reading Course	Chapel Hill
June 7	1997 Medicolegal Seminar	Chapel Hill
June 9-20	Kaiser Permanente Advanced Leadership Program	Chapel Hill
June 12-15	Changes & Challenges in Anesthesia — 1997	Hilton Head, SC
June 13-14	Current Therapy in Venous Disease: 2nd Annual Conference	Chapel Hill
June 22-26	UNC Radiology Update '97	Hilton Head, SC
June 27-29	Family Focus Care for Children and Adolescents: Clinical Strategies for Primary Care Providers	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call the Carolina Consultation Center at 800-862-6264.

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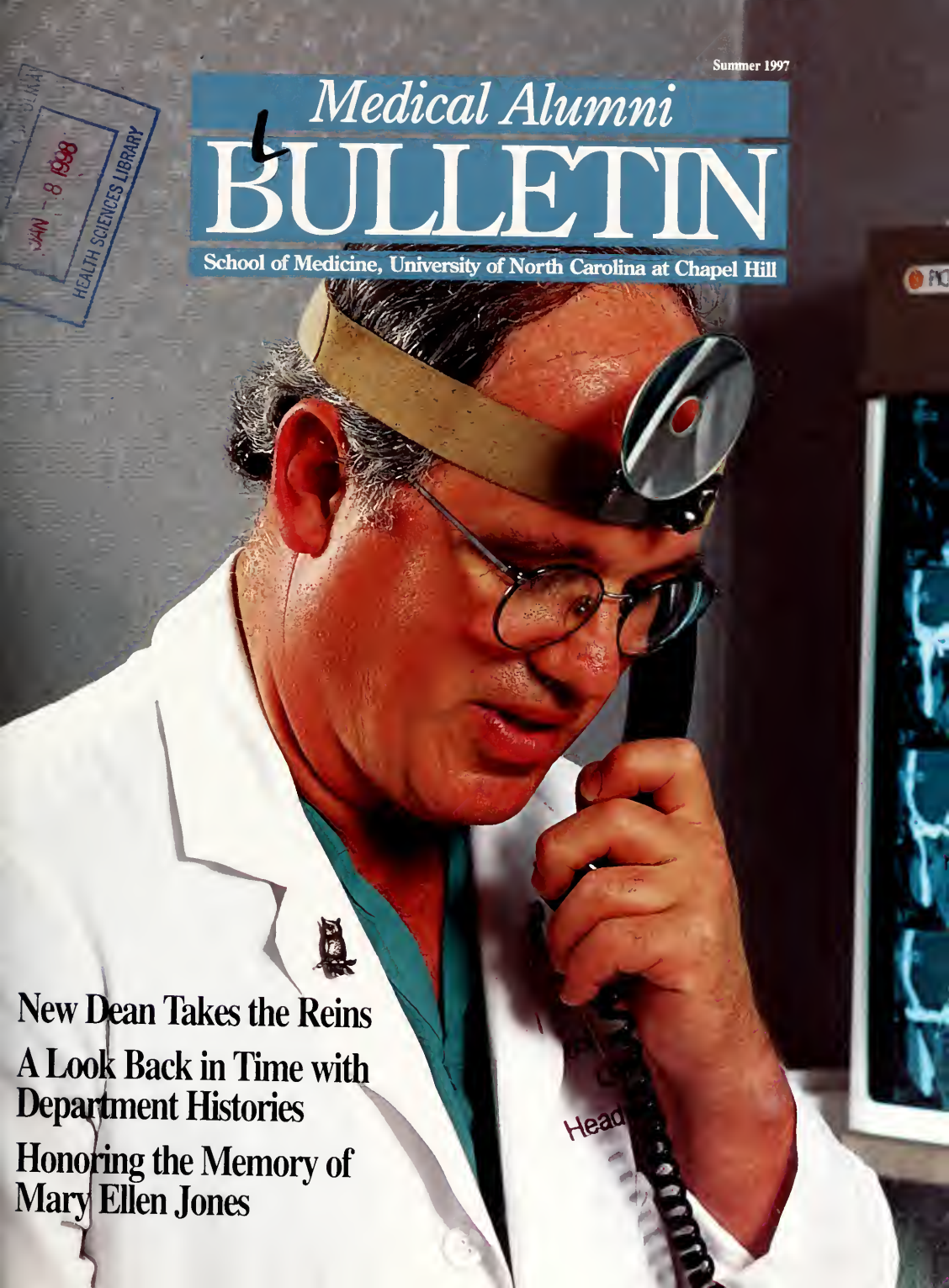

New Dean Takes the Reins

A Look Back in Time with Department Histories

Honoring the Memory of Mary Ellen Jones

Dean's Page

By the time you receive this issue of the *Bulletin*, Dr. Jeffrey Houpt will have assumed the position of Dean of the School of Medicine and Vice Chancellor for Medical Affairs of the University of North Carolina at Chapel Hill. This is a great and happy event for our school because Dr. Houpt brings a distinguished record of achievement as a department chair and dean, along with unsurpassed capacities. I am certain that alumni will much enjoy learning to know Jeff and Corinne Houpt and will be immensely pleased by his leadership.

It is no surprise to anyone involved in teaching, research or patient care to hear that these are the most challenging and difficult of times. The practices and traditions that have served our school well in the past must adapt to the changing times if the school is to fulfill its destiny as a prime source of advance for the health care of the people of North Carolina, the nation and the world. The central, fundamental values of the school must remain, while the expression of these values in the form and content of our teaching, research, patient care and other service programs must necessarily change to respond effectively to changing needs. Doubtless, there will be change in many aspects of the infrastructure and operations of the school.

To move our school forward to fulfill its potential in these challenging and promising times, Dean Houpt will need the informed and committed support of alumni, faculty, students and friends of the school. It is not possible for the Dean to satisfy all perspectives all of the time, and the most valuable support will be that which accepts the inevitability of some developments not to the liking of the individual, without compromising the commitment to the welfare of the school. I urge all alumni to give Dean Houpt that kind of support.

In closing, I want to take this opportunity to thank each alumnus, each member of the faculty, each student, and each of the great friends of the School of Medicine for the unique privilege of serving as Dean and Interim Dean of this extraordinary institution. On a personal level, I want to thank each one whose loyalty to the school and friendship to me has been a treasure.

I look forward with great anticipation to continuing to serve the School as a member of the faculty in the Department of Medicine and to supporting Dean Houpt in every way that I can.

Stuart Bondurant

Stuart Bondurant, MD
Dean Emeritus

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: Harold C. Pillsbury III, MD, Thomas J. Dark Distinguished Professor of Surgery and Chief of Otolaryngology, updates a referring physician about a patient's progress. Pillsbury is medical director of the Carolina Consultation Center, currently in its eleventh year of service to physicians throughout North Carolina and the Southeast. For the fiscal year ending June 30, 1997, the Consultation Center received more than 67,000 calls, up 12 percent from the previous year. The Consultation Center is available 24 hours a day: 800-862-6264. *(Photo by Don McKenzie)*

News Briefs

Surgery facility named after George Johnson

The Ambulatory Care Center's day-surgery facility was dedicated April 7 as the George Johnson Jr., MD Ambulatory Surgery Facility.

Johnson is vice chair of the Department of Surgery, which he joined in 1961. For more than three decades he served as a teacher, mentor and role model for young surgeons.

"Dr. Johnson is known throughout the state as a surgical leader," said George Sheldon, MD, chair of the Department of Surgery. "He has been instrumental in developing programs in general, vascular and trauma surgery which have been of far-reaching benefit to the citizens of North Carolina."

Johnson helped develop UNC's vascular surgery service and peripheral vascular laboratory and established a nationally recognized specialty instruction program for the advancement of the diagnosis and treatment of peripheral vascular disease.

He led the three committees that helped design the day-surgery facility. Approximately 3,500 operations are performed there each year.

Johnson, at podium, elicits laughs from friends and colleagues who spoke at the dedication. From left, Rev. Robert Dunham, pastor at University Presbyterian Church in Chapel Hill; Eric B. Munson, UNC Hospitals executive director; Blair Keagy, MD, chief of Vascular Surgery; Johnson's wife, Marian; George Sheldon, MD, chair of Surgery; and Stuart Bondurant, MD, then interim dean of the School of Medicine.

Carolina AIDS research makes international headlines

On June 27, media around the world were reporting on the results of a study by UNC School of Medicine researchers. The London Bureau of the Associated Press released a story on the results of a study, published in the British medical journal *The Lancet*, that found that antibiotics dramatically lower the level of the AIDS virus in the semen of HIV-positive men treated for gonorrhea or other sexually transmitted diseases.

Principle investigator Myron S. Cohen, MD, chief of infectious diseases at the School of Medicine, found that prompt treatment of patients with STDs is key to reducing the transmission of AIDS. Cohen and his colleagues studied a group of 135 HIV-positive men in Malawi. Although experts have long known that STDs increase the risk of catching and transmitting AIDS, the Malawi project was the first large-scale study to demonstrate quantitatively that antibiotics sharply reduce the HIV content in semen, said Cohen.

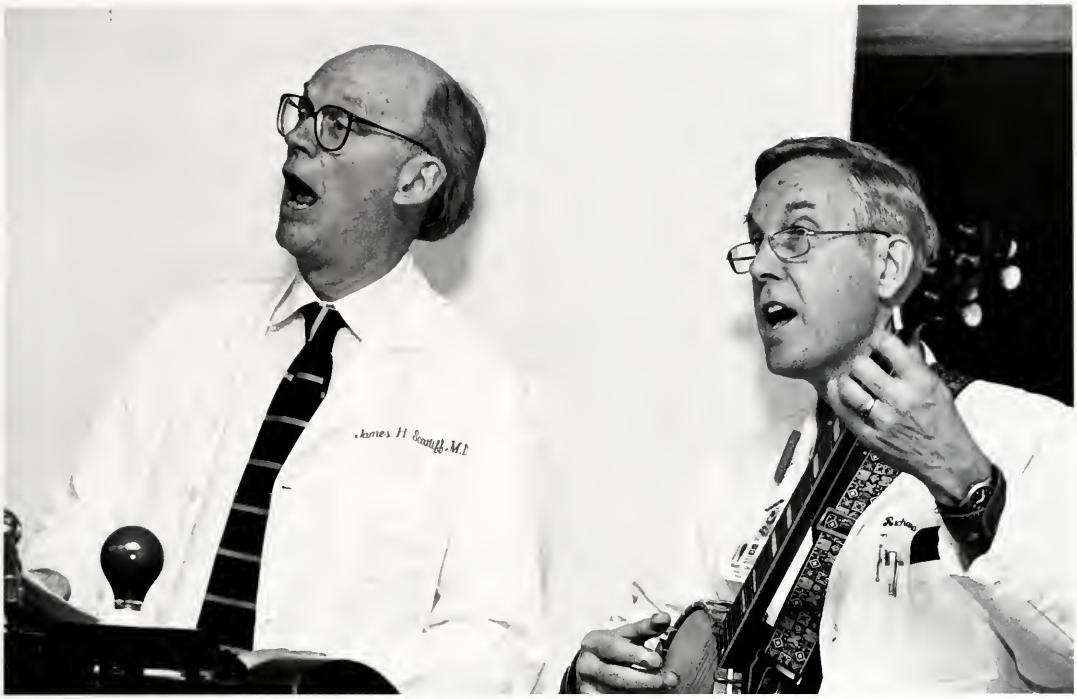
Edgerton honored for volunteer work

Emeritus professor J. Wilbert (Will) Edgerton has been honored as the national mental health volunteer of the year. He was presented the Sandy Brandt Volunteer Service Award at the 1997 Clifford W. Beers National Mental Health Conference, held June 4-7 in Washington, DC. Edgerton was cited as a "person who exemplifies the qualities of an unselfish, dedicated mental health volunteer, in recognition of the unlimited hours of volunteer service and ongoing commitment to the mission of the National Mental Health Association."

Edgerton helped develop the community psychiatric training program at the School of Medicine in the 1960s. He retired in 1989.

School receives $4 million for reproductive research

School of Medicine scientists have received a five-year, $4 million grant from the Reproductive Sciences Branch of the



Pearls Day 1997

Radiologist James Scatliff, accompanied on banjo by colleague Richard Clark, conducts a sing-along to the tune of "When Irish Eyes Are Smiling," titled "When the Aortic Valve's Not Working," at the School of Medicine's annual Pearls Day event. Scatliff was one of 19 faculty members invited to share their "pearls of wisdom" with the fourth-year medical students before they graduated. Also participating in the March 21 event were Drs. van der Horst (infectious diseases), Lindsey (psychiatry), Baker (surgery), Kizer (medicine), Pillsbury (otolaryngology), Mintzer (family medicine), Coleman (pediatrics), Biggers (otolaryngology), Hamrick (pediatrics), Fowler (ob/gyn), Colindres (nephrology), Chescheir (ob/gyn), Dahners (orthopaedics), Hoole (medicine), Drake (otolaryngology), Fakhry (surgery), Lesesne (digestive diseases) and Bashford (psychiatry).

National Institute of Child Health and Human Development to fund "Molecular Regulation in Reproduction." Four related projects will focus on infertility and birth control and targeting molecules, genes and proteins involved in sperm production and embryo implantation.

With the grant, the scientists will become part of a network of cooperative centers around the United States, said Frank French, MD, professor of pediatrics and director of the Laboratories for Reproductive Biology.

"We hope to be able to understand problems of infertility better," he said. "At the same time, we want to provide the groundwork and the understanding to help develop better methods of birth control."

Since opening in 1969, the laboratories have interacted with scientists around the world, offering postdoctoral training programs and collaborative research on male and female reproductive biology.

New genetic risk assessment clinic at Lineberger Center

Patients from around the state with a family history of breast, ovarian or colon cancer now can meet with a team of specialists at the Lineberger Comprehensive Cancer Center to determine genetic susceptibility to cancer and discuss management options.

"Genetic counseling is a communication process," said Cecile Skrzynia of the new Risk Assessment Clinic and clinical instructor in hematology and oncology at the School of Medicine. "We explain the facts about hereditary cancer to patients and their families, and we discuss the risks and benefits that families face."

Risk assessment involves three parts. First, a patient meets with the Lineberger team for clinical examination, genetic counseling, psychological assessment and a discussion about treatment and testing options. If appropriate, tests are then administered through UNC Hospitals laboratories. Finally, the team meets again with the patient to discuss test results and to plan for follow-up and management.

Besides Skrzynia, a genetic counselor, the team consists of oncologist Mark Graham, clinical social worker Martha Sorensen, Larry Silverman and Beth Rohlfs of the molecular genetics laboratory at UNC Hospitals, and Qing Yang of the Lineberger Center.

UNC radiologists test digital mammography

Clearer mammograms could help doctors detect breast cancer earlier and offer better care to their patients. Radiologists at the School of Medicine are now using the first digital mammography machine in North Carolina, one of only eight such machines

Blythe presents 1997 AOA Lecture
"Some Thoughts on Keeping Our Noble Profession Noble and Professional" was the topic of this year's Alpha Omega Alpha lecture on April 23. It was delivered by William Blythe, MD, Marion Covington distinguished professor of medicine, who advocated "to be professional, you must continue to be a learner all your life."

in the world. They will study if this new technology is an improvement over conventional, film-based mammograms.

"We hope that digital mammography will increase detection of breast cancers, since lumps that aren't visible with conventional technology may be seen more clearly with this enhanced method," said Etta Pisano, MD, associate professor of radiology, chief of breast imaging and member of the UNC Lineberger Comprehensive Cancer Center.

"It's not practical to use this technology to screen all women," Pisano added. "We need to prove its benefits in women known to need breast biopsy before we test it on asymptomatic women."

Women eligible for the study include those who have mammograms and subsequently undergo open or needle breast biopsies. A random sample of women who have "problem-solving" mammograms and do not undergo breast biopsies also will be included. Potential participants should call the UNC-CH Digital Mammography Research Office, 919-966-2881.

UNC awarded Pfizer visiting professorship

The medical school's Department of Psychiatry has been selected as the site for the 1997 Pfizer Pharmaceuticals Visiting Professorship Program. Joseph T. Coyle, chair of psychiatry at Harvard Medical School, will speak on campus this fall as the Pfizer Visiting Professor.

Coyle is an expert in the neurodevelopmental process and clinical disorders based in abnormal neurodevelopment.

Combined imaging techniques produce better brain pictures

By combining two vascular imaging techniques, UNC faculty have developed a significantly better way of looking at the maze of blood vessels inside the human brain.

"To my knowledge, we're the first institution to be able to fuse two images in a clinically useful fashion to provide three-dimensional detail," said Elizabeth Bullitt, MD, associate professor of neurosurgery.

When used alone, each image provides limited information, Bullitt said. Together, they offer a comprehensive picture.

"One technique is magnetic resonance, which gives a three-dimensional picture, but one that is relatively crude and lacks detail," Bullitt said. "It only shows information about the blood flow in the large vessels."

The other method, X-ray angiography, is hugely detailed, but it's flat. "It's like looking at the shadow of a tree on the ground and trying to figure out from the shadow exactly where a branch is in the actual three-dimensional tree," Bullitt said.

The challenge was in finding a way to fuse the two methods to create a three-dimensional reconstruction of all the brain's blood vessels. For assistance, Bullitt teamed with Dr. Stephen Pizer at UNC-CH's computer science department.

He and his colleagues worked from the MR images. "We developed a way to extract a series of curves, called skeletons, that run up the middle of the large vessels. We then can create a tree of these curves that shows which vessel branches from which," Pizer said.

The skeletal curves can then be matched with the curves in the two-dimensional X-ray angiograms, thereby creating a highly detailed, three-dimensional image of the brain's vascular system.

A paper detailing the imaging techniques appears in the Spring issue of the *American Society of Neuroradiology.*

15th annual Spicer-Breckenridge Lecture features Georgetown law professor
On April 18 in Berryhill Hall, Lawrence O. Gostin, JD, LLD (Hon.), presented "Health Information and the Protection of Privacy: Ethical and Legal Considerations" at the 1997 Spicer-Breckenridge Lecture. Gostin is professor of law at Georgetown University Law Center, and co-director of the Johns Hopkins/Georgetown University Program on Law and Public Health. He is also a fellow of Georgetown's Kennedy Institute of Ethics.

UNC issues guidelines for curbing antibiotic-resistant infections

Infections caused by organisms that no longer respond to antibiotics are increasing alarmingly fast in hospitals and health care facilities across the nation, UNC-Chapel Hill experts say. The most common infection, "Staph aureus," now resists treatment by antibodies in 29 percent of cases, up from about 2 percent in 1975.

Responding to the growing health concern, the N.C. Statewide Infection Control Program at the School of Medicine has prepared guidelines for preventing and controlling the spread of two of the most prevalent antibiotic-resistant infections. The 18-page document is titled, "North Carolina Guidelines for Control of Antibiotic-Resistant Organisms, Specifically Methicillin-Resistant Staphylococcus aureus (MRSA) and Vancomycin-Resistant Enterococci (VRE)."

The U.S. Centers for Disease Control and Prevention (CDC) recently published rigorous "Isolation-Precaution" guidelines for hospitals, but the new N.C. statewide measures target facilities such as nursing homes and doctors' offices.

"The approach we took is very reasonable," explains Karen Hoffmann, co-author of the guidelines and a clinical instructor at the medical school. "It wouldn't make any sense, for example, to treat a patient at home the same way the CDC recommends treating a patient in intensive care. But until now, that was all anybody had to go by — the CDC guidelines."

The guidelines cover nine health-care settings needing control measures: long-term care, home health, hospices, doctors' offices and outpatient clinics, schools for the physically and mentally challenged, rest homes and retirement centers, rehabilitation hospitals, psychiatric hospitals, and patients discharged directly to their homes.

Plastic surgeon brings health message to high schools

A Carolina plastic surgeon has developed a free educational program for high school students about reconstructive plastic surgery — and how to avoid needing it. Called "Saving Face: Reconstruction of Head and Neck Cancers and Their Prevention," the one-hour program includes a slide show that depicts in graphic detail surgeries performed on patients with malignant tumors caused by lifestyle choices.

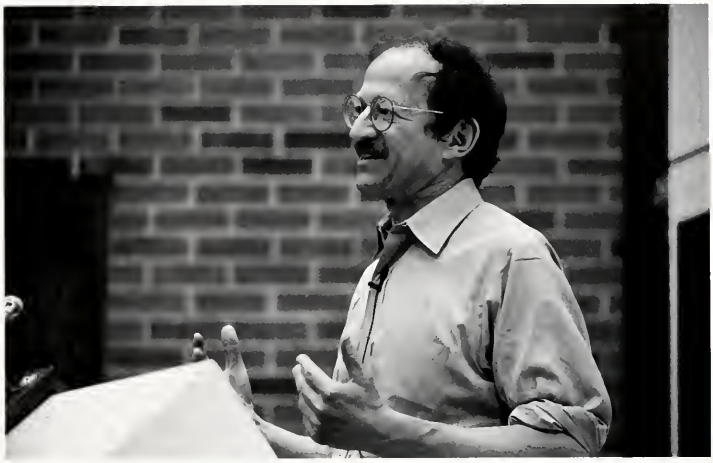
"While the students are learning about some of the interesting aspects of plastic and reconstructive surgery, they're also receiving a powerful underlying message about the dangers of cigarette smoking, tobacco chewing, alcohol abuse and excessive exposure to the sun," said Michael Zenn, MD, assistant professor of plastic surgery.

Students see devastation caused by cancer and dramatic techniques surgeons often must use to reconstruct a patient's face or neck. The point of the program is not to terrify students but to encourage them to be careful, Zenn said.

"We say to them, 'You're not going to see the downside of what you're doing today, but there are so many older people who wish they could turn back the clock to when they were your age so that they could take better care of themselves.'"

"Saving Face" targets 11th- and 12th-grade science and health classes.

"It's been a positive experience for the students," said Zenn. "Several have expressed interest in careers in medicine. And we've heard from teachers that some students have given up harmful habits — at least for the short term."



Nobel laureate delivers Distinguished Lecture in Medical Sciences
Harold E. Varmus, MD, presented "Genes, Mice and Cancer" at the 1997 Distinguished Lecture in Medical Sciences on April 16. Varmus won the Nobel Prize in medicine in 1989, and currently serves as director of the National Institutes of Health in Bethesda, MD.

Women's health issues focus of seed grants

Responding to a growing need for and interest in women's health research, the Women's Health Task Force at the School of Medicine has awarded six seed grants of up to $10,000 for investigations into women's issues.

"These grants are to promote new and interdisciplinary research related to women's health," said Linda Van Le, MD, who co-chairs the task force grant committee with Marion Danis, MD. Van Le is associate professor of obstetrics and gynecology, and Danis is associate professor of medicine.

Grant recipients are:

• Jo Anne Earp, ScD, professor of health behavior and health education at the School of Public Health, for "Patient-Physician Interactions across Racial, Class and Gender lines: An Exploratory Study of Communication about Breast Cancer Screening by Rural Physicians and their Older Black Patients."

• Alan Hinderliter, MD, associate professor of medicine, for "Smoking, Oral Contraceptives and Cardiovascular Reactivity to Stress in Women."

• Lenore Kohlmeier, PhD, professor of nutrition and epidemiology, for "Multi-Media Questionnaire to Assess Habitual Diets of Women for Breast Cancer Research."

• Jane Leserman, PhD, research associate professor of psychiatry, for "The Effects of Sexual and Physical Abuse History on Postpartum Mental and Physical Health Status."

• Celeste Lindley, PharmD, associate professor at the School of Pharmacy, for "Gender Differences in Drug Metabolism: A Pilot Study to Examine the Effect of Estrogen and Progesterone on Cytochrome P 450 (CYP) 3A4 Activity."

• John Thorp, MD, associate professor of obstetrics and gynecology, for "Perioperative Smoking Risk and Smoking Behavior: A Prospective Cohort Study."

Back in the Saddle

After stepping down as dean of Emory's medical school to pursue scholarly investigation of the health of America's youth, Jeffrey Houpt does an about-face and finds himself in 125 MacNider.

by Nancy L. Kochuk

May 13, 1996. It was a day of beginnings and endings for Jeffrey Houpt, MD. After eight years as dean of Emory University's School of Medicine, Houpt was stepping down. Graduation ceremonies for the Class of '96 held that day were especially memorable for Houpt and his wife Corinne. As his last official act as dean, he had the honor of presenting a diploma to his younger son Eric, one of the 114 freshly minted Emory MDs, who was starting his own career in medicine.

That day was significant for Houpt in another way as well. It marked the beginning of a long-awaited sabbatical that unexpectedly led Houpt, a board certified psychiatrist, down the path to becoming the new dean here at UNC.

Houpt left Emory feeling good about the direction in which the medical school was moving. He was especially pleased with Emory's spiraling research efforts, the new patient-oriented and problem-centered curriculum, and the dramatic increase in the number of medical school applicants. But Houpt was convinced it was time to move on. He had another calling: his growing concern with the societal and health problems affecting American youth demanded some time and reflection.

"I believe the loss of a growing proportion of our young people is the single most important and far-reaching problem of our times, with symptoms that include substance abuse, violence and teenage pregnancy," Houpt says. "Many of these symptoms, if not the central problem itself, take place at the interface between the health care structure and society. I wanted to spend some time thinking through policies at that societal-health care interface, policies that might stanch the flow of loss. My years as dean had shown me that problems must be addressed at both the personal level and the economic level, and I thought my expertise and experience as both a psychiatrist and an administrator would enable me to bring a new perspective to those issues."

Houpt spent the fall as a visiting professor in the department of social medicine at Harvard University, and he took courses in the School of Public Health and the Kennedy School. In the spring, he returned to his vacation home on Orcas Island — off of Seattle — to pull this information together and integrate it with medical education.

> "This is one of the few medical schools in the country — perhaps the only one — whose *primary* mission is improving the health of the people in the state. That's significant."

And in the midst of this interlude, the UNC job came along.

"What initially attracted me to UNC were the values this institution historically has had," Houpt said, which were in sync with his own. "This is one of the few medical schools in the country — perhaps the only one — whose *primary* mission is improving the health of the people in the state. That's significant."

By way of explaining UNC's appeal, Houpt mentions a paper published last year that describes UNC as one of four "bimodal" institutions in the country, successful in both research and primary care. Houpt sees both elements as essential to fulfilling the school's important service mission.

The institution's long-standing service to the people of North Carolina impressed the would-be dean, which he saw embodied by 25 years of service by Area Health Education Centers (AHEC). "AHEC was around long before community health education became fashionable."

The service mission was also supported by the school's significant amount of interdisciplinary and collaborative work, "which is necessary when you're going to be working on health issues relevant to a population of people."

Houpt also saw the superb biomedical research underway throughout the medical center as a form of service. "When I interviewed, I was impressed with the comprehensiveness and breadth of the program of scholarship that exists among the faulty, all the way from the most molecular- to the most system-oriented thinking. I truly felt this was a superior place."

In addition to all of these assets, the excellent reputation of UNC Hospitals was a draw for Houpt, along with the strength of the other health sciences such as public health, nursing, dentistry, and pharmacy. "This preeminent university is still on the rise and I consider it an honor to be here."

The culture of UNC was striking to the new dean the very first time he visited the campus. "The high level of collegiality here is a very palpable feature," he said. "In fact, I told the search committee that the single strongest impression of my visit to North Carolina was the culture of colleagueship and civility and respect. To me, that's extraordinarily valuable. That's the way life should be."

Houpt's colleagues at Emory are not surprised that a culture of cooperation would be important to him. John Stone, MD, associate dean for admissions, says the faculty considered it a privilege to work with the dean. "His administrative style was wise, decisive, and humane. Despite the all-consuming demands of the job, he was able to maintain his equanimity and a saving sense of humor."

His people skills were put to the test in Atlanta, where the health care structure changed markedly over the time he was dean. Yet through Houpt's leadership, Emory was able to retain its reputation for

quality patient care and still remain competitive in a difficult market.

Houpt is optimistic that the faculty and staff at UNC already understand it's not business as usual. "We will have to make changes to survive financially. Our goals and values are correct, but perhaps our method of getting there will have to change."

As he contemplates the issues facing the School of Medicine, Houpt plans to make a special point to connect with alumni.

Alumni traditionally are seen as financial supporters of medical schools, Houpt says, and that's critical. "But that's not enough," he quickly adds. "We also need their advice. They are the products of our institution who have a wealth of experience about what's useful and what's not. I believe those of us in administration have an obligation to seek out their opinion about the school or anything related to the products of the school, whether that be students, services or whatever."

Houpt is also hoping for some advice from faculty and alumni along a slightly different line. As a newly converted duffer, he is looking forward to getting advice on which of North Carolina's legendary golf courses should be at the top of his list.

As he settles into his new life and new job, Jeffrey Houpt seems enormously satisfied with the direction his career has taken. He sees UNC as a good match for him personally, professionally, and even geographically, as his son Eric continues a residency at the University of Chicago while his older son Brian works as a consultant in Atlanta. He says his wife Corinne, a lawyer specializing in mediation and arbitration, is looking forward to setting up an independent dispute resolution practice here in the fall.

Houpt waxes philosophically about his decision to join administration again. "It feels right to be a dean again. This is the right time and the right place to be." And, he adds almost parenthetically, that at age 55, he is now also the right age to be dean.

"I think when you reach my age, your relationships and your priorities change," he explains. "You move from concerns over your own career to the point where your gratification comes from helping develop the careers of others. Unless you make that transition, you don't become a successful dean."

Serving the Community With SALSA

SALSA founders (from left) Marchi Lopez-Linus, Suzanne Strandhoy and Romulo Colindres Jr. were inducted into the Eugene S. Mayer Community Service Honor Society in April.

by Katherine Whan

No habla Englais. We all know what the phrase means, but it's not something most people expected to hear in North Carolina. Until recently. Times are changing — the Latino population in North Carolina is steadily increasing. In some areas, such as Chatham County, the Latino population has increased nearly tenfold since 1990.

Unlike other areas which provide only seasonal employment for migrant workers, Chatham County offers its immigrant Latino population year-round employment in the county's poultry plants. This job security first allowed male Latino workers to settle in the area, and then for their wives and children to join them in North Carolina. These families are now seeking health care at the Chatham County Health Department, and facing the challenge of overcoming considerable language and cultural barriers when seeking health care and social services.

This is where SALSA comes in. SALSA — Spanish-speakers Assisting Latinos Student Association — is a UNC medical student organization that provides volunteer Spanish-English interpreters for local health care providers with Latino patients. The program began in 1996 as a community health project (CHP) by medical students Romulo Colindres Jr., Marchi Lopez-Linus and Suzanne Strandhoy.

SALSA was inspired in part by the results of a CHP health status questionnaire done by another group of UNC medical students which included Lopez-Linus. That study of Chatham County Latino households found a startling lack of medical and dental care in the population. Some 44 percent of the adults and 27 percent of the children surveyed had never been seen by a medical doctor, and 75 percent of the adults and 61 percent of the children had never been seen by a dentist. Although there was an urgent need for medical care in the Latino community, access to services was hampered by language and cultural barriers.

"With SALSA our main goal is to provide a needed interpreting service," says medical student and SALSA member Will Durham. "We are currently looking for ways to increase the breadth of that service, and we are interested in doing this by cooperating with other health sciences students.

"But on a personal level, we benefit from an increased cultural awareness and an opportunity to learn medical Spanish," he adds. "Both will be valuable tools when we eventually are practicing in North Carolina. We will be able to converse with our Hispanic patients in a more effective and personal manner."

The medical students participating in SALSA are trained by the North Carolina Primary Health Care Association, where they learn about interpreter ethics and protocol. They must make sure not to engage the client or to offer medical advice — and to accurately convey conversation between provider and patient. The training also covers the cultural nuances that can lead to misinterpretation.

Through SALSA, the students have not only helped the Latino community in Chatham County, they also have gained practical experience that will serve them and their future patients well. Says founding member Lopez-Linus, "I have benefited from the patients I have encountered while interpreting. It has been increasingly important for me to be aware of what patients actually mean when they tell me something. There were times when I was uneasy with my interpretations and unsure of whether the nod I received was of comprehension or out of politeness. I made myself sit and explain concepts even further and confirm exactly what was said."

This commitment to communication is a valuable lesson for all future physicians, whether the patient's response is *thank you, doctor* or *gracias, medico.* □

Five Receive Distinguished Service Awards

by Melissa Anthony

The School of Medicine and the Medical Alumni Association presented five 1997 Distinguished Service Awards April 18 during the annual spring medical alumni banquet.

The award, established in 1955, recognizes alumni and friends whose distinguished careers and unselfish contributions to society have brought honor to UNC-Chapel Hill and the medical school.

This year, recipients were Arthur W. Clark, long-time Durham resident and retired chair and CEO of Peoples Security Life Insurance Company; Alice Eure, founder of the Foundation of Hope for Research and Treatment of Mental Illness and owner of the Angus Barn Restaurant in Raleigh; George Philip Manire, PhD, Kenan professor emeritus of microbiology and immunology and former vice chancellor and dean of the UNC-Chapel Hill graduate school; Clayton E. Wheeler, MD, professor emeritus of dermatology and former chair of the Department of Dermatology; and Annie Louise Wilkerson, MD, retired Raleigh obstetrician.

Stuart Bondurant, MD, then interim School of Medicine dean, presented the awards.

▪ Clark was recognized for his remarkable service to the Triangle community and his country. "Whatever the calling," said Bondurant, "Arthur has responded with integrity, dedication, and selfless devotion — as a husband, father, teacher, volunteer, soldier, corporate executive, public servant and humanitarian." A retired major general and renowned Durham businessman, Clark has served as a member of the Greater Triangle Community Foundation and planning commissions for Durham City and the Research Triangle.

Clark

▪ Eure, whose son suffers from mental illness, was honored for her personal and public fight against psychiatric disorders. "Precisely because of her courageous efforts, there is today greater understanding of mental illness, more effective treatment for psychological disorders, and more accessible support for family members of the mentally ill," Bondurant said. Under Eure's guidance, the Foundation of Hope has raised more than $1 million in endowment capital for mental health research and treatment.

Eure

▪ Manire was recognized for his illustrious career as a scientist and educator who pioneered research on the chlamydia organism. "He is a scientist of great vision who has helped untold numbers better understand the etiology and cellular biology of infectious diseases," said Bondurant. His work brought him national and international honors including Fulbright Research Scholar, NIH Special Research Fellow to the Lister Institute, and Fellow of the American Association for the Advancement of Science.

Manire

▪ Wheeler was noted for being a mentor and source of inspiration for the medical community. Bondurant said, "His leadership has proved decisive in establishing our medical school as a national leader in dermatology." Wheeler's research of the herpes simplex and herpes zoster viruses has brought him national and international acclaim, including the Rothman Award, the highest honor bestowed by the Society for Investigative Dermatology.

Wheeler

▪ When Wilkerson began her medical career more than a half century ago, female doctors were few and far between. "She was both a true pioneer in the practice of obstetrics and gynecology and a quiet warrior in the struggle for gender equality. In this sense, Dr. Annie became a teacher to the entire Triangle area," Bondurant said. Wilkerson, who served as the first intern and resident physician at Rex Hospital, and later was elected president of the hospital's medical staff, has delivered more than 8,000 babies. She received her certificate of medicine from UNC's two-year medical school in 1936, and completed her MD at the Medical College of Virginia. □

Wilkerson

The Merits of Mutants

by Elizabeth Zubritsky

Bob Johnston didn't set out to make a vaccine. Twenty years ago, he began studying the life cycles of viruses — basic research.

Johnston, professor of microbiology and immunology, wanted to learn how viruses cause disease. He pictured fatal infections as a pathway, a sequence of unknown steps — each an opportunity to block the virus. One way to identify those steps was to study mutant viruses that had stopped prematurely. By determining how their structures and RNA sequences had changed, Johnston thought he could specify what the virus needed to continue.

He and his co-workers had begun by working with a mutant version of Sindbis, a "model" virus that infects mice yet causes little disease. Several years later, they could describe critical steps in the virus' life cycle. That's when a colleague half-jokingly challenged Johnston to work with a "real" virus — one that causes illness in humans.

"I asked him, 'Just what real virus do you have in mind?'" Johnston says. "He suggested the one he was working on, Venezuelan equine encephalitis (VEE)."

VEE can reproduce inside mosquitoes, which periodically bring it out of its secluded home in Central and South American forests to infect livestock and people. One hundred thousand people were infected, and hundreds, mainly children, died during an outbreak in Venezuela and Columbia that ended about a year ago. Thousands of horses also died. In 1971, a similar outbreak reached southern Texas.

Early symptoms of VEE infection are flu-like: headache, chills, fever, muscle pain, and nausea. Severe infections can lead to encephalitis, an infection of the brain, causing convulsions, paralysis, and death. Although some South American livestock are immunized against VEE, the current vaccine is risky for humans, sometimes causing flu-like symptoms.

Johnston decided to switch to VEE, once more studying crippled mutants. The approach worked again, and this time success came with a bonus a — new vaccine.

"When we did the work with a 'real' virus, we anticipated that the experiments would hand us a vaccine," says Nancy Davis, a research associate professor in Johnston's lab. The mutants had all the right properties for a vaccine: They would grow inside a mouse and induce an immune response, but they would not cause disease. And the animal was protected from the naturally occurring virus, even a year after inoculation.

The final VEE vaccine has been tested successfully in monkeys. If all goes well and if the FDA approves the vaccine, it should be ready for human testing by the end of this year.

Meanwhile, Johnston is making good use of other VEE mutants. He turned some into "expression vectors" — shuttles that carry foreign genes. Genes from virtually any organism can be inserted to produce or "express" a protein.

Johnston realized the expression vectors made from VEE could be vaccines, too. If the inserted gene belongs to another infectious organism, then the vector induces immunity to it and to VEE. Johnston, Davis, and other lab members developed a version of this "double-promoter" vaccine to protect mice against VEE and influenza.

And they, and their collaborator, Dr. Jonathan F. Smith, took the idea one step further, creating a second type of vector that immunizes against the inserted gene but not VEE. This vector, called a "replicon," does not carry the gene for the coat protein that encapsulates VEE, making VEE virtually invisible to the immune system and allowing the vector to be re-used for multiple vaccines or booster shots. The lack of a coat protein gene also prevents the virus from reproducing on its own, making it a very safe vaccine.

"The replicon is a 'suicide' particle," Johnston says. "After the initial infection, the virus hits a dead end because it can't reproduce without a helper. The virus can't spread."

A collaborative effort among Johnston, Davis, and the labs of Drs. Jeff Frelinger and Ron Swanstrom combined the replicon with the double-promoter vector to make a combination vaccine for SIV, a monkey virus related to HIV. If these trials — conducted by collaborator Phil Johnson — are successful, the next step will be to test an HIV vaccine. Johnston says he can't predict how long it might take to reach that stage

In the meantime, he is putting together a company to explore other uses for the expression vectors, such as vaccines for influenza or the virus that causes the croup. Later, the vectors might be adapted to boost a person's immunity to cancer-causing viruses or to target specific cells with gene therapy.

Turning these projects over to the company should let his lab focus exclusively on basic research again. "There are a lot of fundamental issues left," Johnston says. "How does the virus spread in the body? How does it invade the brain? How does it grow in neurons?"

Johnston's expression vectors might help him find the answers. The lab now has a version that produces a green fluorescent protein, normally found in jellyfish. This protein highlights the virus, literally letting the researchers trace its path through a mouse's body. Products like this are bringing Johnston back to basics. Or maybe he never really left. □

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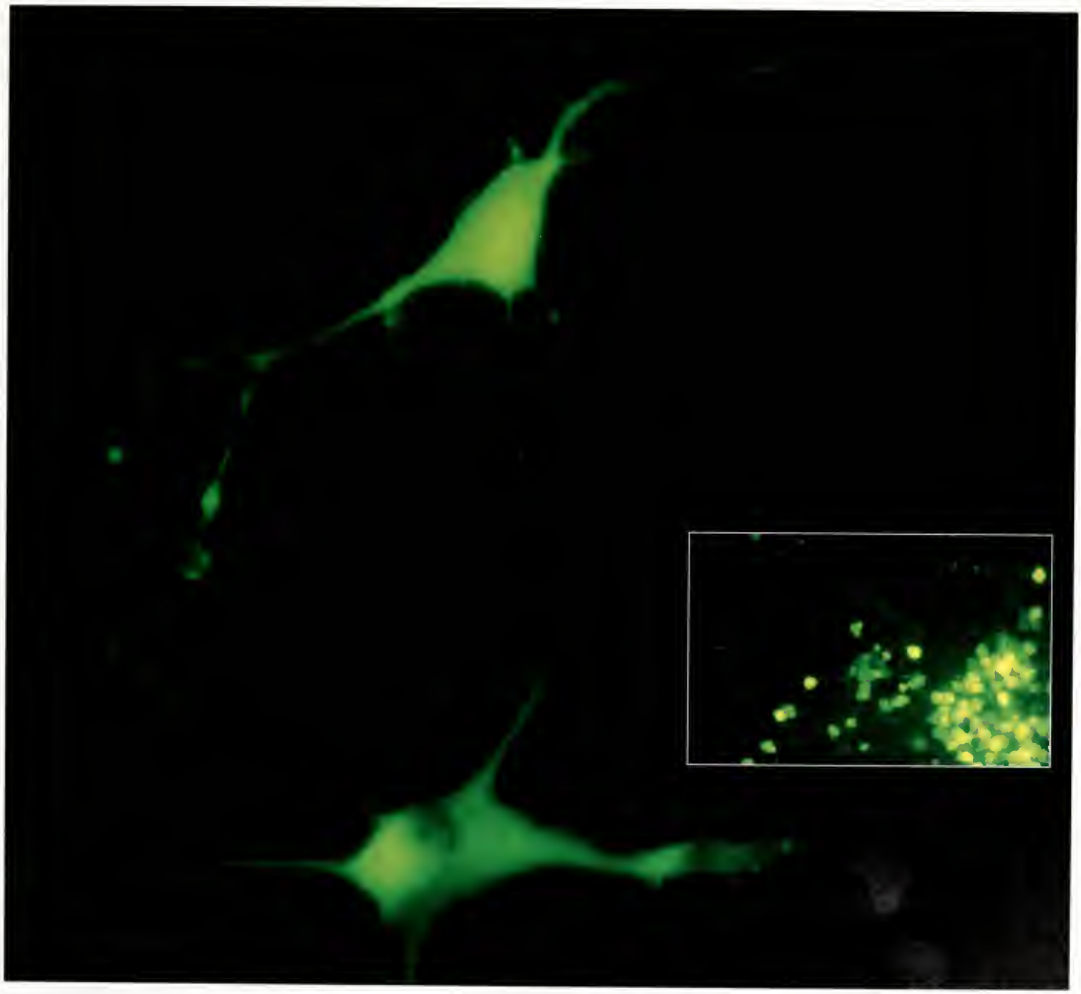


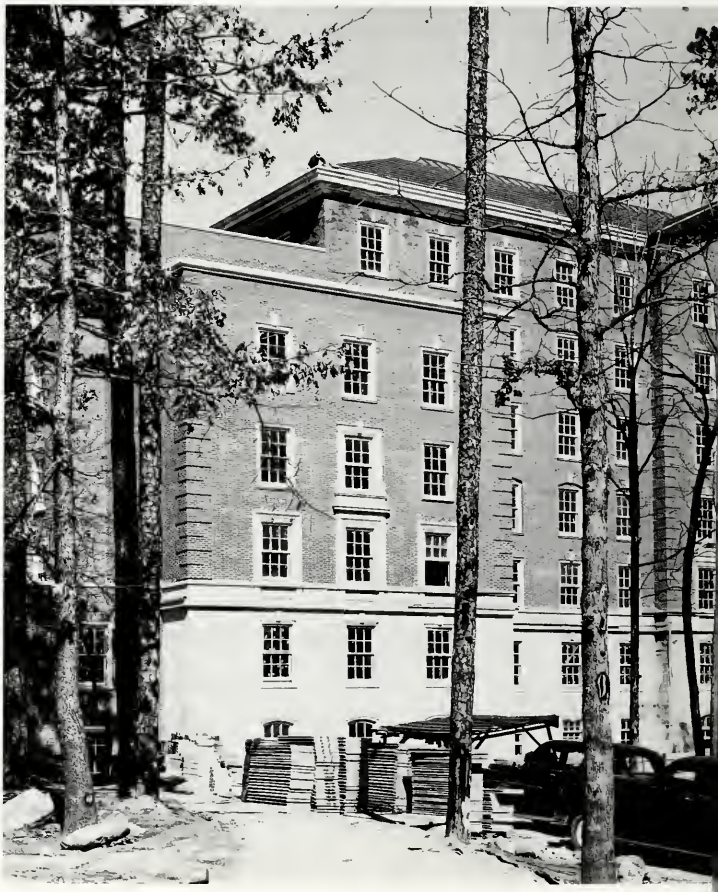
A close-up of two neurons from a network (inset) reveals a virus spreading in a brain. The neurons have been infected with a VEE vector carrying a green fluorescent protein taken from a jellyfish.

Pen, Paper, People and Elbow Grease

Departments chronicle their histories

by Melissa Anthony

The School of Medicine's history is captured in words and images by several "physicians cum historians," some of whom were on staff back in the early 50s when the school's new teaching hospital was just being built.



History should be written by those who live it. These words sound like those of a long-forgotten sage or one of history's great figures. They are, in fact, the firmly-held conviction of faculty and others in the School of Medicine who have lived this institution's colorful history and fear losing it to the passing of time and frenetic pace of modern medicine.

In 1990, spurred by the then-upcoming celebration of UNC-CH's bicentennial, Dean Stuart Bondurant took a step toward capturing that history by challenging each department to record its life and times. His exhortation prompted committed history lovers in the faculty's ranks to take on the task of sorting through archives, compiling information dating back decades, interviewing faculty, residents and staff — some long gone from the university — and collecting photos depicting the years of growth and change. To date, three services, Surgery, Pediatrics, and Pathology, have penned and published their histories.

Several other departments are currently working on books, including Psychiatry, Neurology, Obstetrics/Gynecology, and Microbiology and Immunology. Two others, Radiology and Medical Allied Health Professions, have written brief histories published in article or newsletter form.

Surgery

Capturing history in the making

Someone captured the moment in a photograph. The moment a little girl squealed with glee when she realized that for the first time in her life she could hear, thanks to a surgical implant in her ear. That photo and hundreds of others like it are part of *Legends and Legacies, A Look Inside: Four Decades of Surgery at the University of North Carolina at Chapel Hill, 1952-93.*

Written by Mary Jane Kagarise, RN, MSPH, assistant chair of surgery, and Colin G. Thomas Jr., MD, chair emeritus, the book

details the histories of each specialty in the department. Scattered throughout are memories, poignant quotes and snapshots shared by students, residents and faculty. "This book isn't just a series of pictures of department chairs," Thomas says. "It's full of human activity and personal anecdotes. It gives testimony to the real beauty of medicine and of surgery."

To collect the background necessary for the project, Thomas and Kagarise contacted alumni and former faculty, interviewed key figures, pored over pages and pages of correspondence and other documents, and sought the input of each division.

"It's wonderful that there are still people around who were here when we first became a four-year clinical program back in 1952," relates George Sheldon, MD, chair of surgery. "Their presence has given us a unique opportunity to record the early days of our department."

With material in hand, the authors, like weavers sitting down at a loom, pieced together the disparate details and memories into a colorful, 441-page historical tapestry. "It was a very rewarding project," says Thomas, "one which captures the heart of surgery at UNC."

Pediatrics

No skeletons in this closet

"When you write an autobiography, which is what this book is, you get a chance to accentuate the positive," says Herbert Harned Jr., MD, professor emeritus of pediatrics and associate editor of *From Infancy to Maturity: The History of the Department of Pediatrics*. "This history isn't one that tells all the skeletons in the closet. It's one that highlights what has made this department one of our nation's best."

The 668-page book tells its story in three "eras," according to the tenures of the first three department chairs: Edward C. Curnen, Jr., MD (1952-60); Floyd W. Denny, Jr., MD (1960-81); and Thomas F. Boat, MD (1982-93). "As we gathered background for the book, it seemed to naturally divide itself into the years when the department was forming, the years when we separated into subspecialties, and the years when we moved into the modern era with much bigger budgets and more people," said Denny, who served as senior editor.

Compiled by five faculty members, the history is a collection of reminiscences written by faculty, staff and residents. Denny says, "The individuality of this book is that it was written by many people, not just one or two or even the five of us. That was intentional on our part. We wanted the color of people's characters to come through — and they did beautifully."

One chapter of the book, "Partners in Pediatric Care," highlights the nurses, social workers, recreational therapists, volunteers, hospital school teachers and others involved in caring for children at UNC. "It's not just about the doctors," says Harned. "So many others played a very significant role in making our program what it is today."

Rounding out the book are the annual department photos, individual portraits, and snapshots of life in Pediatrics. "Every one of our faculty members, fellows, residents and interns are included in one way or another," notes Denny.

Pathology

Memories of the past

"Miss Mittie Pickard was the only departmental technician in those days (1946). By herself, she prepared all the slides by hand for class use and for Dr. Bullitt's outside surgical pathology practice," writes John B. Graham, MD, alumni distinguished professor of pathology and author of *How it Was: Pathology at UNC 1896-1973*. "It wasn't until the next year that we purchased an Autotechnicon, which shortened Miss Pickard's cycle by a full day." This and many other colorful vignettes about Pathology's cast of characters add spice to Graham's 260-page work.

How It Was reads much like a journal or memoir, drawing generously from Graham's memory as one of the first members of the formal pathology department. "It's my view of the history of the department," Graham says. "I wrote about what I knew, from 1946 to 1973. I supplemented my memories with whatever I could get my hands on — old catalogs, some dating back to the civil war, personnel records, chairman letters, phone lists, and files that others kept."

After tracing the chronology of the medical school, the book leads readers down the path to the establishment of the Department of Pathology. Nearly a third highlights the faculty and key research programs that shaped the department and brought it national recognition. Speaking of Kenneth Brinkhous, MD, chair of pathology from 1946-73, to whom the book is dedicated, Graham writes "He stood out as a chairman. Brinkhous was a live wire who brought national standards to our work and guided the department to a place of international prestige."

Graham rounds out the pages on researchers and programs with pictures and profiles of the equally-important but often less-recognized staff members. "I made sure to write about the things I felt strongly about," he says. "One of those things was our Technical Training Program which started in 1970 and provided on-the-job training for lab technicians."

How It Was concludes with a directory of the more than 300 faculty, fellow, residents, research assistants, technicians, support staff and others who have worked for the pathology department.

Purchasing a copy

All three books are available for purchase. For a copy of *Legends and Legacies, A Look Inside: Four Decades of Surgery at the University of North Carolina at Chapel Hill, 1952-93*, contact Mary Jane Kagarise at (919) 966-4320 or by email at mjk@med.unc.edu ($65 plus $5 shipping/handling). For a copy of *From Infancy to Maturity: The History of the Department of Pediatrics*, contact Lynn Berry at (919) 966-2069 ($65, which includes shipping). For a copy of *How it Was: Pathology at UNC 1896-1973*, contact Nancy Nye at (919) 966-4676 ($35 hardback, $25 paperback).

Medical School Building Renamed For Biochemist

by Susan Vassar King

April 23, 1997, was a far cry from the warm and sunny spring days one comes to expect in Chapel Hill. But the chilly air and intermittent rainstorms did nothing to quell the spirit of the crowd gathered outside the Faculty Laboratory Office Building to honor the memory of Mary Ellen Jones.

At the dedication ceremony to rename FLOB for the former chair of Biochemistry, Interim Dean Stuart Bondurant approached the lectern and said "I'm tempted to complain about the weather, but nothing ever stopped Mary Ellen, and this isn't going to stop us." The assemblage cheered and applauded its assent.

Jones was the first woman at UNC to chair a medical school department, and the first to hold a Kenan professorship.

"What she'd want to come across today," said Bondurant "is her intense commitment to two things: the highest intellectual standards for the school, and the ability of every person to fulfill their potential, regardless of gender or race."

Jones taught at UNC from 1966 to 1971. In 1978, she returned to Carolina from the University of Southern California to chair the Department of Biochemistry and Nutrition, guiding its transformation to the Department of Biochemistry and Biophysics. She introduced the teaching of biochemistry to undergraduates in the School of Arts and Sciences, enriched the funding and organization of the graduate program, and sought to promote interaction between the various scientific departments. Although she stepped down as chair in 1989, Jones continued to teach and conduct research until her retirement in 1995. She died of cancer in 1996.

Throughout her career Jones was widely recognized for her scientific advances.

In 1955, with Fritz Lipmann and Leonard Spector, she discovered carbamoyl phosphate, an intermediate in the formation of arginine and the pyrimidines. Without carbamoyl phosphate, DNA could not be formed and mammals would have no means of disposing of nitrogen.

The Mary Ellen Jones Building on the UNC medical campus. Built in the 1970s, the facility was formerly called the Faculty Laboratory Office Building, and was known affectionately as FLOB.

Later, in her own laboratory, Jones pioneered the study of the biosynthesis of nucleotides and characterization of many of the enzymes involved in this critical process. For this body of work, she was honored by election into the National Academy of Sciences.

Her other numerous awards include the Wilbur Lucius Cross Medal from the Graduate School at Yale University, where she earned her doctorate in biochemistry, the O. Max Garner Award from UNC, and the 1991 North Carolina Award in Science. She was elected to the Institute of Medicine in 1981, to the American Academy of Arts and Sciences in 1991, and to the American Philosophical Society in 1994.

A personal perspective on Jones's success as a scientist was offered at the dedication by her son, Ethan V. Munson, an assistant professor of computer science at the University of Wisconsin-Milwaukee.

"She had a true passion for science, especially natural science," Munson said. "I don't mean to suggest that she came home at night and declared 'I am passionate about science.' She was just drawn to understand the world. She always wanted to know how the world around her worked, what was special about an animal or plant and why it made sense that they were built a certain way. She simply couldn't avoid asking how one phenomenon over here was connected to some other phenomenon over there."

In addition to Munson and Bondurant, participants at the ceremony included William J. Armfield IV, chairman, UNC Board of Trustees; Christopher C. Fordham III, MD, chancellor emeritus and dean emeritus, School of Medicine; Carol Schooley, a high school classmate; Michael Hooker, chancellor, UNC-Chapel Hill; and Noelle A. Granger, MD, past president, Association of Professional Women in Medicine.

The dedication address was given by Mary Sue Coleman, PhD, president of the University of Iowa and Jones protégé who once served as UNC-CH vice chancellor for research and dean of the graduate school. Coleman spoke of Jones as a "nurturing mentor for a whole generation of scientists." She spoke of her exquisite sense of fairness to everyone in the department, and recalled that "her commitments were not to her self-interest, but to our collective best interests." □

The dedication ceremony concluded with the unveiling of this portrait of Jones by artist Lindesay Harkness. The painting graces the building's lobby.

Faculty Notes

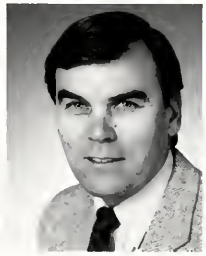
Damon P. Anagnos, MD, assistant professor in the Division of Plastic and Reconstructive Surgery, received a $5,000 Junior Faculty Development Award and a $3,000 grant from the University Research Council to pursue studies tracking motion of the digits using a virtual reality glove.

Estrada J. Bernard Jr., MD, was named chief of the Division of Neurosurgery on April 1, 1997. Bernard had been acting director since September 1996. He came to the UNC School of Medicine in 1990 as an assistant professor, and completed the North Carolina Robert Wood Johnson Clinical Scholars Core Curriculum Course in Clinical Epidemiology in 1993. Bernard also is director of the Neurosurgical Intensive Care Unit and the Section of Cerebrovascular and Skull Base Surgery at UNC Hospitals. He received his MD from Duke University in 1983, and his BS in biology, summa cum laude, from Morehouse College in 1979.

Bernard

Stuart Bondurant, MD, dean emeritus of the School of Medicine, was awarded a Distinguished Service Medal by the UNC-Chapel Hill General Alumni Association. The Distinguished Service Medal has been awarded since 1978 to alumni and others who have made outstanding contributions of service to the GAA or the university.

Richard C. Boucher, MD, has been named Kenan professor of medicine. A faculty member since 1977, Boucher has directed the pulmonary division of the Department of Medicine since 1990 and the Cystic Fibrosis/Pulmonary Research and Treatment Center since 1988. He is co-director of the UNC Gene Therapy Center and serves on the medical school Dean's Advisory Committee. The Kenan professorships were established in 1917 through the bequest of Mary Lily Kenan Flagler Bingham as a memorial to her father, William Rand Kenan Sr., and her two uncles Thomas S. Kenan and James G. Kenan. These were among the University's first endowed chairs.



Boucher

Robert S. Brown Jr., MD, assistant professor of medicine and medical director of the liver transplant program at UNC Hospitals, recently received a research grant worth $39,700 from the Glaxo Wellcome Institute for Digestive Health. Brown will use the money to study the impact of organ allocation policies on the cost of liver transplantation.

Elizabeth Bullitt, MD, associate professor in the Division of Neurosurgery, received an Instructional Technology Award from UNC-CH Chancellor Michael Hooker for a computer science proposal with a specific focus for teaching medical students. The award money will go to creating a com-

Bozymski Receives Distinguished Faculty Award

Eugene M. Bozymski, MD, professor of medicine, has been awarded the 1997 Distinguished Faculty Award. The award recognizes excellence in teaching, contributions to medicine, leadership in continuing medical education and efforts to improve communication among alumni, faculty and North Carolina residents.

Carl S. Phipps, MD, president of the Medical Alumni Association, which gives the annual award, made the presentation to Bozymski at the Spring Medical Alumni Banquet on April 18 in Chapel Hill.

"Dr. Bozymski is regarded, not merely with unbridled admiration, but with deep affection by all who know the privilege of his company," Phipps said in presenting the award. "His virtuosity as a doctor is inseparable from his virtue as a man. And the size of his talent is matched by the size of his heart."

Bozymski, a graduate of John Carroll University, earned his medical degree from the Marquette University School of Medicine - Medical College of Wisconsin. He was an intern at Mercy Hospital in San Diego, a resident at Milwaukee County Hospital and a fellow at UNC. He joined the UNC-CH School of Medicine faculty in 1968.

Bozymski

From 1988 to 1993, Bozymski served as North Carolina representative to the American College of Physicians. Since 1990, he has been a member of the American College of Gastroenterology.

His service as a physician has extended outside the United States. In 1985, Bozymski served as visiting professor at the University of Alexandria in Egypt where he directed the establishment of an endoscopy unit. He is also an honorary member of internal medicine societies in Chile, Bolivia, Brazil and Paraguay.

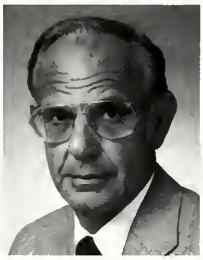
In addition to his work at UNC Hospitals, Bozymski has served as president of the Durham/Orange County Medical Society and as a member of the North Carolina Department of Health's "Partners in Prevention" Steering Committee.

Bullitt

puter program that will aid in teaching medical students difficult and complicated vascular anatomy. She also received a National Institutes of Health R01 Award of nearly $1 million over a three-year period to develop better ways of displaying ascular anatomy on a computer.

William G. Cance, MD, associate professor of surgery, was named principle investigator for a U.S. Army Medical Research Acquisition Activity grant titled "Protein Kinases in Human Breast Carcinoma." The award for this grant is $798,334. He was also awarded a $731,351 grant from the National Cancer Institute for "The Focal Adhesion Kinase-Tumor Biology and Therapeutics."

Robert C. Cefalo, MD, professor of obstetrics and gynecology and chief of the Division of Maternal and Fetal Medicine, was recently awarded an Outstanding District Service Award (Armed Forces District) by the American College of Obstetricians and Gynecologists. He was also honored with the Award of Excellence in Health Professions by the Boston College Alumni Association for his work as a national leader in promoting preconception health as a routine aspect of women's health care, and for working to reduce infant mortality. Cefalo is also president of the American Board of Obstetrics and Gynecology.



Cefalo

Ronald J. Falk, MD, has been named D.J. Thurston III distinguished professor of medicine in nephrology. Falk joined the faculty in 1983, and has been chief of the Division of Nephrology and Hypertension since 1993. With John C. Jennette, professor and vice chair of pathology and laboratory medicine, he formed the Glomerular Disease Collaborative Network that brings together academic and private practice physicians who treat and study these diseases. Falk is the first recipient of the Thurston professorship. It was established through contributions from Doc Jones Thurston Jr. and former residents and fellows in the Division of Nephrology and Hypertension. Thurston is a Carolina alumnus and former member of the Board of Directors of the Medical Foundation. The professorship is named for his son.

Falk

Joe Wheeler Grisham, MD, Kenan professor and chair of Pathology and Laboratory Medicine, was honored by friends and colleagues with a scientific symposium and banquet on April 25. The Honorable Lowell Weicker, former governor of the State of Connecticut and former U.S. Senator, spoke on "The Differences Between NASA and NIH" at the symposium. Stuart Bondurant, MD, dean emeritus of the School of Medicine, hosted the evening banquet.

James F. Howard Jr., MD, professor of neurology and medicine, was named Doctor of the Year by the Myasthenia Gravis Foundation of America. Howard is director of the myasthenia gravis clinic and co-director of the muscular dystrophy clinic at UNC Hospitals, and director of the neuromuscular disorders section and myasthenia gravis research laboratory at the School of Medicine.

James G. Jones, MD, professor of family medicine and former executive director of the N.C. Health Care Reform Commission, was recently inducted into the North Carolina Institute of Medicine. Membership in the institute is limited to 100 people.

Rudolph L. Juliano, PhD, chair of the Department of Pharmacology since joining the faculty in 1986, has been reappointed as chair for two years effective Jan. 1. Juliano's research interests include cell adhesion molecules and the transport and delivery of drugs within the body. In addition to teaching medical and graduate students, he is responsible for a course of scientific ethics for graduate students.

Lenore Kohlmeier, PhD, professor of nutrition and epidemiology, attended the organizational meeting of the N.C. Network for Women on Boards, Councils and Commissions, a task force formed to help increase the representation of women on policy-making bodies. The task force is sponsored by the American Association of University Women of North Carolina, the Commission on the Status of Women and the Women's Resource Center.

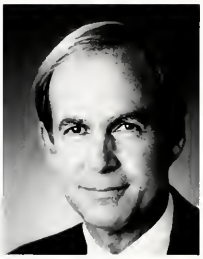
Anthony A. Meyer, MD, PhD, professor and chief of General Surgery, accepted appointment as president of the American Association for Surgery of Trauma for the 1996-97 year. He also was appointed to the medical school's Faculty Committee to Review Appointments and Promotions to Full Professor for a four-year term.

Eugene P. Orringer, MD, The Dr. Verne S. Caviness Professor of Investigative Medicine and director of the UNC Comprehensive Sickle Cell Program, was recently elected president of the National Association of General Clinical Research Center Program Directors.

R. Balfour Sartor, MD, professor of medicine, microbiology and immunology, was named chair of the National Scientific Advisory Committee for the Crohn's and Colitis Foundation of America. It is the highest physician position in the non-profit organization. Sartor's committee is responsible for managing a $3.75 million annual research budget, and for national education programs for physicians and laypeople.

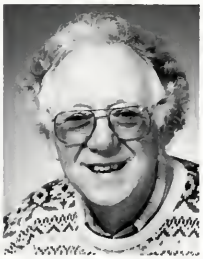
Sidney C. Smith, MD, professor and chief of cardiology, recently appeared with baseball legend Tommy Lasorda in a New York diner for a live interview with CBS This Morning. Smith and Lasorda were

there to kick off a national public education campaign called "Covering the Bases," developed by the American Heart Association and Merck & Co. to help Americans survive high cholesterol and heart disease. Smith is immediate past president of the AHA. Lasorda, who had a heart attack in June 1996, is spokesperson for the campaign.



Smith

Oliver Smithies, DPhil, Excellence professor of pathology and laboratory medicine, has won the seventh annual Bristol-Myers Squibb Award for Distinguished Achievement in Cardiovascular/Metabolic Research. He received the $50,000 prize and a silver medallion on May 14 for his discoveries about the role genes play in high blood pressure. His work is enabling researchers to understand better how genetic factors influence essential hypertension.



Smithies

For the past 12 years, Smithies has focused on developing animal models for human genetic illnesses. His revolutionary gene-targeting technique, also called homologous recombination, has enabled him and others to create mice that mimic a variety of human disorders, including cystic fibrosis and thalassemia, an inherited form of anemia caused by a genetic defect.

Smithies' award is one of six funded by the Bristol-Myers Squibb Foundation. Others support research in cancer, infectious disease, neurosciences, nutrition and orthopaedics.

Jenny Pan-Yun Ting, PhD, has been named alumni distinguished professor of microbiology and immunology. She joined the faculty in 1984 and since 1991 has led the immunology program of the Lineberger Comprehensive Cancer Center. Ting directs the medical immunology course for first-year medical students and has directed the graduate immunology program. The alumni distinguished professorships are endowed by unrestricted gifts to the university.

Ting

Mark C. Weissler, MD, associate professor of surgery in the Division of Otolaryngology, has been appointed chairman of the North Carolina District #3 Committee on Applicants of the American College of Surgeons for 1997.

David E. Yoder, PhD, was reappointed chair of the Department of Medical Allied Health Professions for a seven-year term, effective Jan. 1. Yoder, professor of speech and hearing sciences, has chaired the department since he came to Carolina in 1986. He also is serving a three-year term as project director of the Kate B. Reynolds Ability Program, which provides assistance to people across North Carolina with movement, sensory or communication impairments.

Yoder

Favorite Faculty Awards were presented in April to 58 members of the UNC-Chapel Hill faculty, three of whom are from the School of Medicine.

Melody Harrison, PhD, assistant professor of speech and hearing science; **Jackson Roush, PhD**, associate professor and director of the Division of Speech and Hearing Science; and **Arrel Toews, PhD**, research professor of biochemistry and biophysics, were honored for their leadership, dedication and innovation in advancing undergraduate education.

Harrison was one of three awardees recognized for superlative contributions. She was honored for her work as a student adviser for Habitat for Humanity.

The awards are sponsored by the Senior Class of 1997, the Division of Student Affairs and the General Alumni Association.

Department of Social Medicine faculty members have edited a new book, "The Social Medicine Reader," which examines such questions as what happens when a person becomes a patient? How do people experience illness and disability? What causes disease, and what can medicine do about it? What are the ethical obligations of a health care provider?

The 516-page book addresses these questions through a collection of fictional works, medical reports, poetry, case studies and personal narratives from doctors and patients. Editors are **Gail Henderson, PhD**, associate professor of social medicine and adjunct professor of sociology; **Nancy M.P. King, JD**, associate professor of social medicine and a lawyer; **Ronald P. Strauss, PhD, DMD**, professor of social medicine and dental ecology; **Sue E. Estroff, PhD**, professor of social medicine and adjunct professor of anthropology and psychiatry; and **Larry Churchill, PhD**, professor and chair of social medicine.

Match Day 1997

Results of residency placements for graduating seniors and postgraduates of the UNC-CH School of Medicine show 30 percent of seniors choosing North Carolina hospitals and 59.4 percent opting for primary care placements. The School of Medicine's goal is to have 60 percent or more of graduates entering primary care.

Figures released by the Office of Student Affairs show the largest number of students heading into internal medicine (20.6 percent), followed by family practice (15.2 percent) and pediatrics (13.3 percent). Twenty-six of the 165 members of the class will continue their training at UNC Hospitals. Ninety physicians (55 percent) will go to hospitals in the Southeast.

The following list excludes students who did not wish to have their names released or who are undecided.

The distinction of being the last name called during Match Day 1997 went to Joseph E. Gadzia, who will study medicine in Delaware and dermatology in Kansas City.

Anesthesiology

Sanchez, Thomas Christopher	UNC Hospitals, Chapel Hill
Sherman, Christine Gorman	UNC Hospitals, Chapel Hill

Dermatology

Gadzia, Joseph Edwin	University of Kansas, Kansas City
Kleinman, Dawn Elizabeth	UNC Hospitals, Chapel Hill
Morrell, Dean Scott	UNC Hospitals, Chapel Hill

Emergency Medicine

Brieger, Benjamin Crenshaw	Carolinas Medical Center, Charlotte
Cannon, Brett Hollingsworth	Emory University, Atlanta
Elder, Nathan Judson	University of Massachusetts, Worcester
Gansman, Thomas William	Methodist Hospital of Indiana, Indianapolis
Jones, John Edward	University of New Mexico, Albuquerque
Pugh, Christopher Brent	George Washington University Hospital, Washington, DC
Robinson, Lindwood Allen	Eastern Carolina University, Greenville
Verchick, Julie Gale	Bowman Gray/Baptist Hospital, Winston-Salem
Wackett, Andrew	Stony Brook Teaching Hospitals, Stony Brook, NY

Family Practice

Ballance, Angela Denise	Eastern Carolina University, Greenville
Bazemore, Andrew William	University of Cincinnati Hospital
Bell, Keturah Chesbrough	East Tennessee State University, Johnson City
Blount, Marsha Wells	Grossmont Hospital, La Mesa, CA
Brown, Debbie Ann	Henry Ford Health Sciences Center, Detroit
Brown, Laura Ann	Northern New Mexico Family Practice, Sante Fe
Chism, Kathy Nora Lee	University of Tennessee, Knoxville
Clark, Elizabeth Charlotte	Oregon Health Sciences University, Portland
Davis, Lance Lee	Medical University of South Carolina, Charleston
Edds, Wendy Armore (post graduate)	UNC Hospitals, Chapel Hill
Encarnacion, Janet Rosoff	Cox Medical Center, Springfield, MO
Foster Jr., Charlie Henry	Medical Center of Central Georg Macon
Hamrick, Maura Lynn	Moses H. Cone Memorial Hospit Greensboro
Hudspeth, Richard William	University of Cincinnati Hospital
Knight, Toni Renee	University of Alabama/Huntsville Hospital
Linscott, Nancy Lynn	Univeristy of Minnesota Hospital Clinics, Minneapolis
McGee, Donna Brock	Spartanburg Regional Medical Center, Spartanburg, SC
Nelson, Julia Kathryn	UNC Hospitals, Chapel Hill
Nugent, Mark Andrew	University of Virginia, Charlottesville
Penta, Joseph Francis	Camp Pendleton Marine Corps Base, Oceanside, CA
Philp, Sarah Beth	Swedish Medical Center, Seattle
Robertson, James Wesley Ritchie	University of Virginia, Charlottesville
See, Elizabeth Ann Sharpe	Cook County Hospital, Chicago
Swartz, Andrew Wayne	Oregon Health Sciences Univers Portland
Trufant, Scott Kenneth	Cabarrus Family Medicine, Concord, NC
Yow, Kevin Brewer	Eastern Carolina University, Greenville

Internal Medicine

Alayof, Bruce Edward	University of Virginia, Charlottesv
Attar, Eyal Chai	Brigham & Women's Hospital, Boston
Bandukwala, Ibrez Rafiq	Emory University, Atlanta
Batten, Michael Lee	Lenox Hill Hospital, New York, NY
Beavers, Kimberly Lorraine	UNC Hospitals, Chapel Hill
Brumback, Michael Beirns	Emory University, Atlanta
Bumgardner, Richard Catoe	Emory University, Atlanta
Chiavetta III, Stephen Victor	Greenwich Hospital, Greenwich,
Cross, Michael Todd	UNC Hospitals, Chapel Hill
Cross, Sarita Kumar	UNC Hospitals, Chapel Hill
Dransfield, Mark Thomas	University of Alabama Hospital, Birmingham
Gadzia, Joseph Edwin	Medical Center of Delaware, New
Ghosh, Chandra Sekhar	Emory University, Atlanta
Gibson, Anna Marlet	University of Cincinnati Hospital
Goodwin, Leigh Barden	Carolinas Medical Center, Charlo

riffith, Todd Frederick	Johns Hopkins Hospital, Baltimore
ayes, David Neil	Boston University (post graduate)
ancu, Daciana Ioana	University of Arizona, Tucson
ames, Lindsey Rachel	Barnes-Jewish Hospital, St. Louis
essup, David Blackwell	University of New Mexico, Albuquerque
ohnson, Harold Albert	New Hanover Memorial Hospital, Wilmington, NC
eku, Emmanuel O. (post graduate)	Duke University Medical Center, Durham
hosla, Bobbie Alyse	Franklin Square Hospital Center, Baltimore
laus III, Nelson Clifford	University of Texas Medical Branch, Galveston
einman, Dawn Elizabeth	UNC Hospitals, Chapel Hill
obza, Katherine Tyson	UNC Hospitals, Chapel Hill
ambert III, Herbert Stanley	Carilion Health System, Roanoke, VA
andis, Eric Tyler	Carolinas Medical Center, Charlotte
avine, Stepen Roderick	Virgina Mason Hospital, Seattle
ee, Kathryn Ann	Dartmouth-Hitchcock, Lebanon, NH
eech, Cindi Jo	University of Utah, Salt Lake City
, Frank D.	Eastern Carolina University, Greenville
ndrup, Erica Anne	Mount Sinai Hospital, New York, NY
ims III, Dawson Aultman	UNC Hospitals, Chapel Hill
tchell Jr., Jerry Wayne	University Health Center of Pittsburgh
wens, Thomas Darrell	Bowman Gray/Baptist Hospital, Winston-Salem
alermo, James Anthony	Bowman Gray/Baptist Hospital, Winston-Salem
arker, John Charles	University of Kentucky, Lexington
igh, Christopher Brent	George Washington University Hospital, Washington, DC
hodes-Kropf, Jennifer Eve	Hospital of the University of Pennsylvania, Philadelphia
akib, Sherene Katherine	Barnes-Jewish Hospital, St. Louis
nith, Jeffrey Douglas	University of Michigan Hospitals, Ann Arbor
ekananthan, Deepak Pathe	University of Washington, Seattle
lkerson, Illya Lamar	Moses H. Cone Memorial Hospital, Greensboro
oodlief, Cameron Michael	University of Florida/Shands Hospital, Gainesville

edicine-Pediatrics

l, Michael	University of Michigan Hospitals, Ann Arbor
nderson, Heather Marie	University of Kentucky Medical Center, Lexington
rman, Anne Elizabeth	UNC Hospitals, Chapel Hill
ephens, John Ruan	UNC Hospitals, Chapel Hill

eurology

obza, Katherine Tyson	University of Alabama Hospital, Birmingham

bstetrics/Gynecology

iams, Todd Jerry	Barnes-Jewish Hospital, St. Louis
und, Mark Leekley	Medical University of South Carolina, Charleston
mpbell, Grant Liles	Carolinas Medical Center, Charlotte
ndrea, Nicole Maria	UNC Hospitals, Chapel Hill
tton, Vanessa Kathleen	University of Michigan Hospitals, Ann Arbor
vis, Wesley Boyd	Bowman Gray/Baptist Hospital, Winston-Salem
tnick III, Charles Sylvester	Tripler Army Medical Center, Tripler AMC, HI
Morris, Thomas Carpenter	University of Alabama Hospital, Birmingham
Parker, Claire Anne	Emory University, Atlanta
Paterno, Steven Andrew	Western Pennsylvania Hospital, Pittsburgh
Roche, Andrea Decsi	Ohio State University Medical Center, Columbus
Ruman, Jane Irene	Long Island Jewish Medical Center, New Hyde Park, NY
Swamy, Geeta Krishna	University Health Center of Pittsburgh

Ophthalmology

Batten, Michael Lee	St. Vincents Hospital, New York, NY
Chiavetta III Stephen Victor	Mayo Graduate School of Medicine, Rochester, MN
Eifrig, Charles W. G.	University of Miami-Jackson Memorial/Bascom Palmer
Fogel, Lisa Ellen	University of Texas Southwestern, Dallas
Fu, Arthur Devin	Georgetown University Hospital, Washington, DC
Gibson, Anna Marlet	University of Cincinnati Hospital
Khosla, Bobbie Alyse	Duke University Medical Center, Durham
Klause III, Nelson Clifford	Univeristy of Texas Medical Branch, Galveston
Wong, Charissa Joan Wai	Georgetown University Hospital, Washington, DC

Orthopaedic Surgery

Charlson, Mark David	UNC Hospitals, Chapel Hill
Hickman, Joshua McKinnon	University of Utah, Salt Lake City

Otolaryngology

Cook, Raymond Dwight Rector	Duke University Medical Center, Durham
Ferguson, Michael Owen	UNC Hospitals, Chapel Hill
Levitin, Gregory Michael	Mount Sinai Hospital, New York, NY
Moyer, Jeffrey Scott	University of Michigan Hospitals, Ann Arbor
Rose, Austin Samuel	UNC Hospitals, Chapel Hill
Smullen, Jennifer Lynne	Tulane University, New Orleans

Pathology

Butler, Bradley Steven	University of California-San Francisco
Clark, Angela Bonita	Emory University, Atlanta
Gehrs, Bradley Carl	University of Alabama Hospital, Birmingham
Hunt, John Patrick	Beth Israel Hospital, Boston
Smith, Vincent Charles	Baylor College of Medicine, Houston

Pediatrics

Baggett III, Henry Clifford	Johns Hopkins Hospital, Baltimore
Blasco, Elizabeth	University of Rochester/Strong Memorial, Rochester, NY
Carroll, Sheri Lynn	University of Rochester/Strong Memorial, Rochester, NY
Clark, Laura Anne	UNC Hospitals, Chapel Hill
Derieg, Marta Lynn	University of Hawaii, Honolulu
Dev, Leena Shrivastava	University of Michigan Hospitals, Ann Arbor
Ervin, Eric Douglas	Mercy Hospital of Pittsburgh
Fu, Arthur Devin	UNC Hospitals, Chapel Hill
Geary, Cara Ann	University of Washington, Seattle
Iyer, Srikant B.	University of Cincinnati Hospital
Johnson, Monique Delana	University of Cincinnati Hospital
Katz, Andrew Lee	St. Louis Children's Hospital
Lee, Jerome Paul	University of Hawaii, Honolulu
McAdoo, Jessica Dawn	Duke University Medical Center, Durham
Morrell, Dean Scott	UNC Hospitals, Chapel Hill
Mosher, Amy Leigh	UNC Hospitals, Chapel Hill
O'Kelley, Brian Scott	University of Florida/Shands Hospital, Gainesville
Paul, Melanie Virginia	University of Cincinnati Hospital
Poole, William Stephen	Massachusetts General Hospital, Boston
Reid, Maria Graham	Eastern Carolina University, Greenville
Schmerler, Betsy Lynn	University of Florida/Shands Hospital, Gainesville
Schwabacher, Krista	University of Alabama Hospital, Birmingham
Smith, Carrie Dow	Baylor College of Medicine, Houston
Weber, Harry Peter	Universityof Virginia, Charlottesville
Wood, Stacy Christen	University of Florida/Shands Hospital, Gainesville

Psychiatry

Hu, Jeannie Hong	UNC Hospitals, Chapel Hill
Kartheiser, Paul Harlan	UNC Hospitals, Chapel Hill
Khanna, Rohit Mohan	Beth Israel Medical Center, New York, NY
Salzwedel, Hans Peter	UC San Francisco, Fresno
Ursano, Amy Marie	UNC Hospitals, Chapel Hill
Wagner, Lauren Elizabeth	McGaw Medical Center/Northwestern, Chicago
Wall, Brian Patrick	UNC Hospitals, Chapel Hill
Ward, Lydia	Medical University of South Carolina, Charleston

Radiology - Diagnostic

Lambert III, Herbert Stanley	Duke University Medical Center, Durham
Poole, William Stephen	Beth Israel Hospital, Boston

Radiology - Oncologic

Johnson, Harold Albert	University of Washington, Seattle
Palermo, James Anthony	Bowman Gray / Baptist Hospital, Winston-Salem

Surgery

Cepeda Jr. Jaime	Eastern Carolina University, Greenville
Clark, Joseph Brian	UNC Hospitals, Chapel Hill
Ferguson, Michael Owen	UNC Hospitals, Chapel Hill
Levitin, Gregory Michael	Mount Sinai Hospital, New York, NY
Moyer, Jeffrey Scott	University of Michigan Hospitals, Ann Arbor
Petty, John Kenneth	Oregon Health Sciences University, Portland
Pham, Duc Think	UNC Hospitals, Chapel Hill
Rose, Austin Samuel	UNC Hospitals, Chapel Hill
Thrift, Alesia Dawn	East Tennessee State University, Johnson City
Vick, Ralph Nelson	UNC Hospitals, Chapel Hill
Williams, Christopher Ramon	University of Alabama Hospital, Birmingham

Urology

Vick, Ralph Nelson	UNC Hospitals, Chapel Hill
Williams, Christopher Ramon	University of Alabama Hospital Birmingham

Transitional

Eifreig, Charles W G.	Mercy Hospital and Medical Center, San Diego
Fogel, Lisa Ellen	Methodist Hospital, Memphis
Perez, Leah Marie Soriano	Madigan Army Medical Center, Tacoma, WA
Wong, Charissa Joan Wai	Georgetown University Hospital, Washington, DC

Research Briefs

Researchers study viral infections in children

The School of Medicine has received a five-year, $7.9 million grant from the National Heart, Lung and Blood Institute for the study of viral infections in children.

Viruses, the most common cause of respiratory illness in younger children, provoke a complex interplay of injury, inflammatory response and repair, said Albert Collier, MD, principle investigator for the study and chief of pediatric infectious diseases.

"If children attend day care during the first year of life, they are likely to experience eight to 12 viral respiratory infections," Collier said. "That's nearly one-and-a-half times the number of similar infections experienced by young children not in day care. We feel this is an important research area."

For more information, Collier can be reached at uncac1@uncmvs.oit.unc.edu or through the Carolina Consultation Center.

Physiologist identifies genes involved in brain survival

After suffering severe trauma in a car accident or a serious fall, cells in the brain and spinal cord can stop functioning properly and can die as a result. A University researcher has identified three genes involved in cell survival and regrowth after injury.

"We've found that the initial cellular machinery is geared up for regrowth but something happens to prevent it," said Grant Robinson, PhD, research assistant professor of physiology. "And I'm asking, 'What makes the cell kill itself or what kills it off?' We're looking at the molecular players at the gene level."

This work represents the first advances at the genetic level toward identifying targets for treatment, Robinson said. But he cautioned that cures are still a long way off.

Brain and spinal cord cells use nerve fibers, called axons, to communicate with each other. Damage to these axons due to severe trauma activates some genes and inactivates others.

In Robinson's laboratory, damaged cells can be tricked, through a process called peripheral nerve grafting, into regrowing their axons. By comparing gene activation and inactivation in normal and injured cells and in those brain cells tricked into regrowing, Robinson has studied 20 genes and established the involvement of three—members of the bZip family: c-jun, fra-2 and atf-2.

For more information, contact Robinson at robinsng@med.unc.edu or through the Carolina Consultation Center.

Thalidomide heals mouth lesions in HIV patients

Thalidomide, the notorious drug that caused severe malformations in thousands of newborn infants more than a generation ago, safely and effectively heals mouth ulcers among people infected with the virus that causes AIDS, a new study concludes.

The study involved treating 29 HIV-positive patients complaining of painful mouth sores with thalidomide. Twenty-eight other patients received a placebo.

Within four weeks, ulcers in 16 of 29 people who received the drug had healed completely. Only two of the 28 people receiving placebo showed ulcer healing. Thalidomide treatment also reduced pain the ulcers caused and boosted patients' ability to eat.

"From this study we learned that thalidomide, probably the most notorious drug ever marketed in modern times, is clearly beneficial to people with this devastating problem," said David A. Wohl, MD, research associate in infectious diseases and one of the authors of the report. "Several of our patients were about to have tubes put in their stomachs because they were no longer able to eat. We used thalidomide successfully with these patients, and it helped them greatly by allowing them to eat on their own and to leave the hospital."

This study was published in the May 22 issue of the New England Journal of Medicine. Wohl can be reached at wohl@email.unc.edu, or through the Carolina Consultation Center.

Calcium, soy among potential cancer-preventing substances

What do tums, tofu, and aspirin have in common?

They may have components that keep people from developing cancer — a concept called chemoprevention — according to UNC researchers.

In looking for ways to prevent cancer, the scientists are studying the use of natural and synthetic compounds in early, precancerous stages of the disease. If the studies are successful, such substances may not only prevent cancer recurrence in patients, but also possibly prevent cancer in people at higher risk for the disease.

Steven Zeisel, MD, PhD, professor and chair of nutrition and professor of pediatrics, received a grant from the National Cancer Institute to study genistein, a component of soy, and its effects on the formation of prostate cancer cells. Genistein is thought to interrupt signals that make cancer cells grow.

Also under study is calcium and its effect on colon cancer. A study by Robert Sandler, MD, professor of medicine and epidemiology, tested whether calcium prevented the development of pre-cancerous polyps in the large bowel. Sandler is also conducting a chemoprevention trial to learn whether aspirin and folic acid prevent pre-cancerous polyps.

For more information on these and other chemoprevention trials, contact Dianne Shaw of the Lineberger Comprehensive Cancer Center at dgs@med.unc.edu, or at 919-966-3036.

Carolina Consultation Center University of North Carolina Hospitals
800-862-6264

New Alumni President Lets Opportunities Lead the Way

by Robin C. Gaitens

The ending comment in her Wake Forest annual reads, "Life is what happens to you while you are planning for something else." Darlyne Menscer, MD '79, the new alumni association president, may not have planned to come to Carolina, or live and work in Charlotte, or be a geriatrician, but since she was 4 years old, she's planned to be a doctor.

Menscer doesn't remember who or what inspired her be a doctor, but vividly recalls announcing to her aunt, a nurse, "Thank you for the nurse's kit, but I'll need a doctor's bag. I'm going to be a doctor." — a bold statement for a girl in 1957. But from that point on, she never changed her mind. In second grade, she wrote an essay about what it would be like to be a doctor, using TV's Dr. Kildaire as an example. "I probably had a lot of misconceptions about a doctor's life and career," she jokes.

The daughter of a North Carolina State engineering graduate, Menscer was raised to "hate Carolina like all good N.C. State alum's children are." So what brought this Wolfpack-bred Demon Deacon to the UNC School of Medicine? It was the medical student who interviewed her. "He was kind of low-key and quiet," she recalls, "and didn't try to make me believe that [Carolina] was the one-and-only place to be. Yet somehow he conveyed that, in an understated way." So when her acceptance letter from UNC arrived, she responded immediately. "I didn't wait to hear from Duke, Bowman-Gray, UVA, or Vanderbilt, because Carolina was my first choice," she explains. "And my father, who had been paying Wake Forest tuition, was very happy," she adds with a laugh, "because UNC is such an economic bargain."

Between her first and second year of medical school, Menscer completed a six-week primary care rotation in Bryson City, NC, a small, rural town in the mountains. The experience inspired her to pursue a career in family medicine, probably in a rural area, possibly Bryson City. But after completing her family medicine residency at Carolinas Medical Center (formerly Charlotte Memorial Hospital and Medical Center), an AHEC-affiliated program, she decided to stay in Charlotte.

Two months later, the residency director who had trained her approached her with an offer: a faculty member was leaving in October and wondered if she would like to replace him. "I told him 'You don't know if I will be a good teacher, and I don't know if I will be a good teacher, but I will give it a try.' And the rest is history — that's how I ended up teaching family medicine," she says.

The new president of the Medical Alumni Association, Darlyne Menscer, MD '79, at the Spring Banquet with her predecessor, Carl Phipps, MD '62.

Specializing in geriatrics happened much the same way. One of the things that the family medicine department did was manage a 202-bed rest home in Charlotte. So in 1986, when the faculty member who had been serving as the rest home medical director left, Menscer replaced him. "I hadn't planned to go into geriatrics, but suddenly I had this new job," she says.

With each new job, Menscer has returned to Chapel Hill to participate in faculty development programs. "Whenever I needed more training I came back to Chapel Hill," she says. "I've never left the UNC-affiliated programs and I've never completely left Chapel Hill — I just keep coming back whenever I need to renew myself."

Development Notes

Thurston Professor Appointed

The first recipient of the D.J. Thurston III distinguished professor of medicine in nephrology is Ronald J. Falk, MD, professor and chief of the Division of Nephrology and Hypertension.

This endowment was made possible by the generosity of a challenge gift from Mrs. Stella Thurston, her late husband Doc Jones Thurston Jr., and their son D.J. Thurston III. The matching funds were given by former fellows of the division.

The Thurston professorship will be held by Dr. Falk for five years, and can then be awarded to another member of the nephrology faculty.

Doc Jones Thurston Jr. was an alumnus of Carolina and a member of the Board of Directors of The Medical Foundation of North Carolina, Inc. D.J. Thurston III is also a Carolina alumnus, a Medical Foundation board member, and a member of the Thurston Arthritis Research Center Board of Advisors.

This is the first endowed professorship in nephrology and hypertension.

Two Join Medical Foundation Staff

Phifer Crute, a 1989 UNC-CH graduate, joined the Medical Foundation in February 1997 as a senior development officer. Her responsibilities include fund-raising in support of the N.C. Children's Hospital and the N.C. Women's Hospital. A Raleigh native, Crute previously worked for Capital Consortium of Raleigh, the N.C. Museum of Art as membership director, and the Carolina Ballet Theatre as administrative director.

Beth Crittenden joined the staff of the Medical Foundation in January 1997 as alumni campaign director. This position was recently created to increase Loyalty Fund stewardship and track campaign success. Originally from South Boston, VA, Crittenden graduated from UNC-CH in December 1996. Her previous development experience includes three years at the Carolina Annual Fund Phonathon as a fundraiser and student supervisor.

Chairs of the class reunion and regional Loyalty Fund campaigns presented checks to Dean Bondurant at the Spring Alumni Banquet. Final campaign totals were as follows:

Class/ Region	Number of Volunteers	Percent Participation	Total Cash & Pledges
1957	14	28 of 49 (57%)	$21,685
1962	14	31 of 53 (58%)	$122,104
1967	21	50 of 68 (74%)	$56,286
1972	14	45 of 71 (63%)	$35,635
1977	31	40 of 121 (33%)	$42,040
1987	15	50 of 142 (35%)	$9,420
1997	59	114 of 161 (71%)	$25,195
Forsyth	33	59 of 104 (57%)	$52,952
Guilford	42	91 of 216 (42%)	$58,748
Mecklenburg	41	91 of 237 (38%)	$72,098
Wake	52	135 of 212 (64%)	$83,582

Loyalty Fund Leadership '96-'97

Atlanta
George W. Cox, MD '66, Chair
Buncombe County
James D. Ladd, MD '83, Co-Chair
J. Allison Shivers, MD '71, Co-Chair
Forsyth County
Robert M. Alstup, MD '74, Chair
Guilford County
Philip C. Deaton, MD '66, Co-Chair
Peter R. Young, MD HS, Co-Chair
Mecklenburg County
William M. Herndon, Jr., MD '81, Chair
New Hanover County
James D. Hundley, MD '67, Co-Chair
James B. Sloan, MD '70, Co-Chair
Wake County
Vartan A. Davidian, Jr., MD '67, Chair

Class of 1957 - 40th Reunion
Richard V. Liles, Jr., MD, Chair
Joseph J. Allen, MD
H. John Bradley, Jr., MD
Ernest H. Brown, Jr., MD
Robert S. Cline, MD
Gordon C. Crowell, MD
Eric L. Fearrington, MD
J. Grayson Hall, MD
Bennett A. Hayes, Jr., MD
Jack B. Hobson, MD
Maxwell Morrison, Jr., MD
Irl T. Sell, III, MD
James H. M. Thorp, MD
Gerald M. Wagger, MD

Class of 1962 - 35th Reunion
Lawrence M. Cutchin, MD, Chair
William S. Bost, Jr., MD
Joseph Callicott, Jr., MD
Jesse C. Craven, MD
H. Gerard Hartzog, III, MD
Ray M. Hayworth, MD
William C. Latham, MD
Arthur S. Lynn, Jr., MD
John D. Marriott, MD
John L. Monroe, MD
Kenny J. Morris, MD
Carl S. Phipps, MD
J. Flint Rhodes, MD
D. Emerson Scarborough, MD

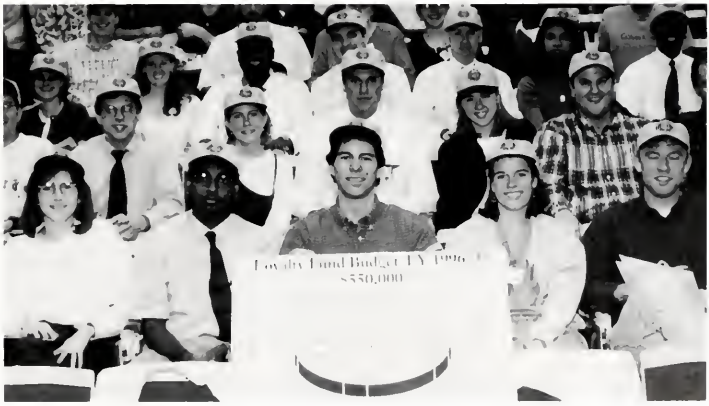
Class of 1967 - 30th Reunion
C. Allan Eure, MD, Chair
Phillip G. Arnold, MD
Frederick D. Austin, III, MD
George R. Avant, MD
Gerald W. Blake, MD
Joseph M. Craver, MD
Brenda M. Cruikshank, MD
Vartan A. Davidian, Jr., MD
M. Wayne Flye, MD
James D. Hundley, MD
Scott G. Kleiman, MD
James R. Lane, Jr., MD
John Z. Little, MD
Robert W. Madry, Jr., MD
W. Jason McDaniel, Jr., MD
Rudolph I. Mintz, Jr., MD
Bruce A. Phillips, Jr., MD
Albert L. Roper, II, MD
Douglas M. Russell, MD
James H. Spruill, MD
Benjamin K. Ward, Jr., MD

Class of 1972 - 25th Reunion
Peter R. Bream, MD, Chair
Larry L. Adams, MD
Myron H. Brand, MD
Franklin Cashwell, Jr., MD
Robert B. Felder, MD
L. Clayton Harrell, III, MD
F. Christian Heaton, MD
Larry A. High, Jr., MD
Thomas G. Irons, MD
John R. Lurain, III, MD
Steven R. Mills, MD
Scott Y. Pharr, III, MD
William C. Tate, II, MD
G. Dean Wilson, Jr., MD

Class of 1977 - 20th Reunion
S. Ray Mitchell, MD, Chair
Michael L. Barringer, MD
Joseph E. Craft, MD
Joan A. Cummings, MD
Randy S. Ellis, MD
Joseph C. Fesperman, MD
William J. Fulkerson, MD
J. Robert Goins, MD
William B. Harden, MD
J. Benford Hardin, MD
James B. Holt, MD
Pearly G. Hoskins, MD
C. Frederick Irons, III, MD
William L. Isley, MD
Michael E. King, MD
Frederick H. Mabry, MD
Warren H. Moore, MD
Robert L. Munt, Jr., MD
Scott H. Norwood, MD
Melinda C. Paul, MD
Duncan S. Postma, MD
Catherine M. Radovich, MD
Keith M. Ramsey, MD
William H. Ryan, III, MD
Jerry L. Self, MD
J. Herbert Stanley, Jr., MD
Richard H. Weisler, MD
Christopher M. Wise, MD

Class of 1987 - 10th Reunion
Robyn Stacy-Humphries, MD, Chair
M. Lisa Abernethy, MD
Linda R. Belhorn, MD
Thomas Belhorn, MD, Ph.D.
Gregor G. Cleveland, MD
Jama B. Greene, MD
Michelle S. Hand, MD
Dennis N. Jacokes, MD
Alfreda Jones, MD
Dennis D. Kokenes, MD
Thomas E. Lawrence, MD
John M. Petitto, MD
Virginia B. Petitto, MD
Susan H. Rice, MD
William R. Sutton, MD

Class of 1997 - 4th Year Campaign
George M. Brinson, Chair
Todd J. Adams, MD
John G. Alley, Jr.
Ibrez R. Bandukwala, MD
Michael L. Batten, MD
Andrew W. Bazemore, MD
Marsha W. Blount, MD
Brian D. Brown
Mark D. Charlson, MD
Stephen Chiavetta, III, MD
Kathy N. Chism, MD
Laura A. Clark, MD
Nicole M. D'Andrea, MD
Lance L. Davis, MD
Marta L. Derieg, MD
Carrie A. Dow-Smith, MD
William Durland, Jr.
Charles W. G. Eifrig, MD
Michael O. Ferguson, MD
Paul M. Flanagan, MD
Jennifer B. Fu, MD
Chandra S. Ghosh, MD
A. Marlet Gibson, MD
Michael Gill, MD
Leigh B. Goodwin, MD
Maura L. Hamrick, MD
Anne E. Hillman, MD
Lindsay R. James, MD
David B. Jessup, MD
Kenneth L. Johnson
Monique D. Johnson, MD
Ramesh L. Krishnaraj, MD
H. Stanley Lambert, MD
Eric T. Landis, MD
Kathryn A. Lee, MD
Nancy L. Linscott, MD
Sean McLean
Dean S. Morrell, MD
T. Christopher Morris, MD
Julia K. Nelson, MD
W. Stephen Poole, MD
Brian S. O'Kelley, MD
Namrata Pai
James A. Palermo, MD
Melanie V. Paul, MD
Joseph F. Penta, MD
William G. Pittman, III
Nancy L. Schafstedde
Betsy L. Schmerler, MD
Krista Schwabacher, MD
Christine G. Sherman, MD
Vincent C. Smith, MD
John R. Stephens, MD
Amy M. Ursano, MD
Andrew Wackett, MD
Illya L. Wilkerson, MD
Stacy C. Wood, MD



The Class of 1997 broke all records for fundraising with 71 percent participation. Under the leadership of George M. Brinson, the class pledged more than $25,000 to the Loyalty Fund.

Alumni Notes

(l to r) Erle Peacock, Class of '47, and Phil Deaton and Bob Sevier, both from the Class of '66, visit during the Spring Alumni Banquet in April.

50s

Andrew Briggs, MD '56, will retire in August from a 40-year career as staff psychiatrist at John Umstead Hospital. He will continue a contractual relationship with the N.C. Department of Corrections. Dr. Briggs would like to hear from colleagues by e-mail: jojo@webtv.net.

60s

Duncan S. Owen Jr., MD '60, received the Laureate Award from the Virginia Chapter of the American College of Physicians. Owen received the award for his long-term service as an internist, rheumatologist, clinician, endowed professor, scientist, mentor, community activist, medical politician, and humanitarian. He is the Taliaferro/Scott distinguished professor of internal medicine at the Medical College of Virginia in Richmond. He can be reached at dowen75089 @aol.com.

James G. White, MD '63, was elected chairman of the Florida Physicians Insurance Company in May 1997.

James W. Rose, MD '64, has been an internist at Dean Medical Center in Madison, WI, for 27 years. He plans to retire in 1998 to farming, tuba, woodwork and travel.

70s

Joseph R. Pringle Jr., MD '75, has merged his solo pediatric practice into the Kernodle Clinic, a large multi-specialty clinic in Burlington, NC, and is actively recruiting for a partner in pediatrics.

John C. Rogers, MD, Housestaff '75-'78, has been appointed to a national committee that develops tests for medical licensure in the United States. Dr. Rogers, a professor of family and community medicine at Baylor College of Medicine in Houston, is serving on the U.S. Medical Licensing Examination (USMLE) Step 3 Computer-based Simulation Test Material Development Committee. USMLE, a joint project of the National Board of Medical Examiners and the Federation of State Medical Boards, measures knowledge required for safe and effective patient care.

80s

Walter E. Egerton, MD '80, has assumed command of Kirk Army Health Clinic at Aberdeen Proving Grounds, MD.

Anne Marie Riether, MD '81, is a clinical associate professor of psychiatry at Morehouse in Atlanta. She and her husband recently welcomed their third child, Laura Kathryn, who joins Kalynn, 9, and Taylor, 5.

Gail L. Shaw, MD '83, and her husband Richard H. Wright announce the birth of their second child, Christine Virginia, on January 17, 1997. She is an associate professor of medicine at the University of South Florida in Tampa and program leader for the Cancer Prevention and Lifetime Cancer Screening programs at the H. Lee Moffitt Cancer Center and Research Institute. She can be reached at shaw@ moffitt.usf.edu.

Thomas J. Zuber, MD '83, was recently named program director in family medicine for Saginaw Cooperative Hospitals in Saginaw, MI. Dr. Zuber has recently authored five books and teaches for the American Academy of Family Physicians. He and his wife, Julie Zuber, JD, recently added Laura and TJ (3 months) to the family.

Phil Thwing, MD '88, is now a partner of Takoma Medical Group, a Christian multi-specialty group, located in the mountains of eastern Tennessee. He can be reached at philthwing @greene.xtn.net.

90s

Lori Wecker Balahan, MD '90, is a pediatrician in Charlottesville, VA. She and her husband, David, have a son, Michael, born February 26, 1996.

Elizabeth Bell, MD '90, is an assistant professor of anesthesiology in the new Division of Women's Anesthesiology at Duke Medical Center. On February 22 she welcomed her third child, Maeve Dyani, who joins Diana, 12, and Daniel, 5.

Carrie Alspaugh, MD '91, is a dermatologist practicing in Raleigh and Pinehurst. She and her husband, Andy, an infectious disease fellow at Duke Medical Center, welcomed their second child, Margaret "Laney," on May 2, 1997. Her big sister, Cate, is two-and-a-half.

Wes Boyd, MD, PhD '92, is assistant professor of psychiatry at Tufts Medical School and lecturer on religion and literature at Smith College. He notes that his newest child, Emerson, seems "as good as the other three."

Catherine Canada-Betor, MD '93, chief resident in ophthalmology at New York Medical College, will begin a fellowship in pediatric ophthalmology at the University of Iowa this summer. She can be reached at tmbetor@ibm.net.

Charles Corley, MD '93, is completing a residency this summer and will practice as one of two U.S. Navy pediatricians in Naples, Italy.

George H. Perkins, MD '93, was elected to the executive board of the Association of Residents in Radiation Oncology; the government relations board of the American Society of Therapeutic Radiology and Oncology; and the national residency review committee of the Council of Graduate Medical Education.

C.E. Michael Oldenburg, MD '94, MPH '93, completed a family practice residency at the University of Minnesota in June 1997. He will be in private practice in Minneapolis starting in October. He was married to the former Niki U. Cotten (UNC DrPH '97) on July 27, 1996. He welcomes e-mails: ncotten@aol.com.

Elena Herndon, MD '95, and Tony Herndon, MD '95, are completing residencies in psychiatry and urology, respectively. Their first baby, Oliver Nicholas, was born on May 17, 1997.

Mary Dee (Andrews) Smith, MS '95, is a speech-language pathologist at the Center for Human Development in Charlotte, working with children ages newborn through 5 with assistive technology. She was married to Michael Clifton Smith on Aug. 24, 1996.

Deaths
Thomas Spencer, CMED '36
Frank Nifong, CMED '41
Mahlon Pophal, CMED '43
Leon Adams, CMED '44
Gordon Read Heath, MD, Housestaff '52-'53

President's Letter

I appreciate the opportunity to be President of the UNC Medical Alumni Association this year. Serving on the Dean's search committee from August '96 to June '97 gave me insight into the excellence of our school in ways that would probably not have been possible through any other venue. Although there is much about the UNC School of Medicine of which we are rightly proud, there are many challenges awaiting our new Dean, Dr. Jeffrey Houpt. I look forward to introducing him to you at the many alumni meetings we will have during the coming academic year.

Alumni are a very valuable resouree for the School of Medieine. Value is often measured in dollars, but I would like to invite you to consider some ways in which you can contribute to the university which do not involve contributing money. This does not mean that I have resigned from fund-raising activities, of course. If you live in Mecklenburg County or are in the Class of '79, you may still hear from me directly about Loyalty Fund campaigns. But the medical school needs more from its graduates than financial support.

More of our students' medical education is taking place in the ambulatory setting now. The Ambulatory Care Center and expanded clinic facilities in other buildings allow much of this education to occur on campus. However, there is still a need for practicing physicians to provide opportunities for medical students in their own offices. As a community faculty member myself, I can attest that being around residents and students keeps you young. You'll get used to the fact that they ask questions you can't answer.

There is training available for preceptors in teaching strategies and evaluation techniques. If you think you might be interested — regardless of your specialty or geographic location in North Carolina — let the Alumni Office know. We will forward your name to the appropriate person.

The medical school also needs its alumni to help remind our legislators that continued state funding at present levels or greater is vital to maintaining the excellence of our school. There will always be competing priorities even in times when the economy is rather prosperous. Even within education appropriations, graduate and professional schools must compete with the needs of primary and secondary education. Especially in the rural parts of our state where the influence of our medical school seems less personally felt, we need the voices of our graduates. Those of you who are practicing in these communities are best positioned to remind legislators that the UNC School of Medicine has educated a large percentage of the physicians who practice in the state. With continued support, it can do so in the future. If you need information on any aspect of the medical school to make a more convincing argument, let me or the Alumni Office know.

You can also inquire in person. Plan now to join us in Chapel Hill for the Fall Medical Alumni Weekend November 21-22. There will be a dinner honoring our Alumni scholarship winners and a football game vs. Duke. I look forward to seeing you there.

Darlyne Menscer

Darlyne Menscer, MD '79

CME/Alumni Calendar

	Medical Alumni Activities	
September 4-7	International Gene Therapy Conference	Chapel Hill
September 19-21	5th International Workshop on the Molecular and Cell Biology of Autoantibodies & Autoimmunity	Chapel Hill
October 1-4	1997 Pediatric Flexible Bronchoscopy Course	Chapel Hill
October 12-16	Common Diseases and Guidelines for Management in Third World Countries	Kingston, Jamaica
October 23-25	The Determination, Treatment & Prevention of Obesity	Sunset Beach, NC
October 24	Issues in Domestic Violence	Chapel Hill
October 31	Psychiatry Across the Ages	Chapel Hill
November 7-8	New Developments in Vascular Surgery: 7th Annual Meeting	Chapel Hill
November 21-22	Fall Medical Alumni Weekend	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call the Carolina Consultation Center 800-862-6264.

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Fall 1997

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

Laptops for First-Year Students

UNC's Teen Clinic

Breastfeeding Education

Fuller Award

Dean's Page

It is a great pleasure and honor to be named the 12th dean of the University of North Carolina School of Medicine. I follow in an outstanding tradition and benefit from the effort of all those who preceded me. I wish to acknowledge Stuart Bondurant, who with graciousness and great skill handed off the baton as smoothly as is humanly possible. I have also come to greatly respect his 16 years of service. His legacy is clear: excellence in academic effort coupled with a commitment to the social good.

I admire Mike Simmons as well for the many efforts he took, in collaboration with Eric Munson and his staff, to prepare the school for managed care. We will always be indebted to Mike for taking on the thankless task of developing a market-driven compensation plan for our faculty.

This summer I had the opportunity to play golf with Chris Fordham as we were paired in the Carolina Kids' Classic. He so impressed me as an individual (and as a putter!) that I hastened home to read his 1995 Berryhill address. It confirmed what was becoming so obvious to me — that this is a special place. I will honor that and try to preserve it.

I don't need to tell you that medicine is changing rapidly — so rapidly that many wonder why I would don the deaconal robes once more. Suffice it to say I am one of those incurably optimistic sorts who sees the glass half full, rather than half empty. To my thinking, there is no more opportune time for change in U.S. medicine than the present. Financial crisis forces all of us to consider change. UNC must respond to the moment.

I look at the current market place and say, what an opportunity for evidence-based medicine; what an opportunity for information systems to assist clinical decision-making; what an opportunity to engage in an overt discussion of the rationing of medical care, rather than the hidden *de facto* rationing of the past 20 years. In the move to population-based medicine, I see the opportunity to bring a public health perspective into medical care and medical schools — an opportunity to give more than our historical wink at prevention.

I see in Congress' recent positive thinking with regard to the NIH (there are some who wish to double the budget in five years) a real opportunity to advance our knowledge of disease and to find more effective treatments. I see an opportunity to explore the vast potential of molecular biology and genetics through our cancer centers, our arthritis centers and so forth. If we successfully engage in advancing a public-health view of medicine, I see us turning our vast talent toward the issues of violence, teenage pregnancy, drug abuse and the like.

Lest you think me naive, I also am aware of the great potential harm in the current market place — a challenge to the wonderful traditions of our field, to the financial base of our teaching hospitals and medical schools, as well as the anxiety and disruption caused by plummeting physician incomes and the ever-present possibility of freezing people out of care as HMOs seek huge profits.

But that's why this is a great time. It's an opportunity in which to circle the wagons and ask what do we really stand for, what do we really value, let UNC take the lead. Let us clearly put our patients first through the discovery of new knowledge and cost-effective clinical practice. Let us put our patients first by investing in developing the most competent, caring, ethical decision-makers and providers of the next generation.

Help me maintain the great school of Fordham, Bondurant and others — but help me also move it into the future.

Jeffrey L. Houpt

Jeffrey L. Houpt, MD
Dean

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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CME/Alumni Calendar ..... Back Cover

On the Cover: Construction on the new North Carolina Children's Hospital (left) and North Carolina's Women's Hospital has begun. During the month of August, the South Wing of UNC Hospitals and the Biological Sciences Research Center were razed, and construction crews have broken ground for the two new buildings. In addition to specialized services for children and women, the new facilities will house state-of-the-art radiological services. *Rendering courtesy of Corley Redfoot Zack Inc., architects.*

News Briefs

Pagano Honored for Service to Lineberger

"With the gratitude and appreciation of the faculty, staff and students," read Dean Jeffrey Houpt, MD (left), as he presented Joseph Pagano, MD, with a UNC chair at an August 18 reception for the former director of the Lineberger Comprehensive Cancer Center. Pagano, who served as director from 1974 to 1997, delivered the Berryhill Lecture October 29.

Hershey steps down to resume full-time teaching

H. Garland Hershey Jr., DDS, vice provost for health affairs at UNC-CH, left his administrative post in September to return to the School of Dentistry, where he will teach, conduct research, and care for patients.

Hershey, an orthodontist, said that his return to Brauer Hall will allow him to pursue full-time an avocation that he never completely left when becoming a university administrator.

Appointed in 1983, Hershey oversaw the university's Division of Health Affairs. The division consists of the schools of dentistry, medicine, nursing, pharmacy and public health, the Health Sciences Library, and several research centers and institutes, including the world-renowned Frank Porter Graham Child Development Center, the Cecil G. Sheps Center for Health Services Research, and the Carolina Population Center. More than half of Carolina's faculty members work in the Division of Health Affairs.

During Hershey's term as vice chancellor and vice provost, many of Carolina's health-sciences schools and departments have been highly ranked for their quality and reputation, and all have programs named among the "top 10" by magazines such as *U.S. News & World Report*.

"Under Dr. Hershey's watch, the schools in health affairs have flourished," said Dr. Richard Richardson, provost. "He can take great pride in the role he played in their success, and we wish him the best upon his return to the classroom."

Said Chancellor Michael Hooker, "Like other universities with academic medical centers, Carolina faces a challenging time of change and marketplace competition in health care. Dr. Hershey has helped position the Division of Health Affairs to successfully meet those challenges."

"Being involved in the division's development has been a wonderful and rewarding experience," Hershey said. "The best part has been the opportunity to work with an absolutely superb group of individuals in every one of our schools and centers."

Cancer prevention grant targets African-American community

Marci Kramish Campbell, PhD, assistant professor in the department of nutrition, has received a three-year, $496,000 grant from the American Cancer Society to develop programs for colorectal cancer prevention to be based in rural black churches.

The project will develop and test the effectiveness of two interventions aimed at reducing the risk of colorectal cancer among black people living in Franklin, Granville, Person, Vance and Warren counties. Health behaviors targeted for change include diet, physical activity and colorectal cancer screening.

The two interventions are: sending individually tailored health bulletins and videotapes to church members, and creating a lay health-advisor program in the churches. The study will test the impact of each intervention alone and together. Twelve churches will be recruited to participate.

"Churches were chosen as the setting be-

cause the majority of African-American adults attend church, and the church is a vitally important institution in the African-American community, providing spiritual and social support," said Campbell. "Many churches consider health a part of their overall mission."

Campbell was co-principal investigator of a previous research study which found that church-based intervention was an effective way to promote fruit and vegetable consumption for cancer and chronic disease prevention.

For further information, contact Dianne Shaw, director of communications, Lineberger Comprehensive Cancer Center, at 919-966-5905 or through the Carolina Consultation Center at 800-862-6264.

Plastic surgeons use new technique to lengthen jaw bones

Until recently, corrective surgery for underdeveloped bones in the face — most commonly the jaw bone — required major surgery involving bone grafts and often left young patients with their jaws wired shut for weeks or months.

Now, the same results can be attained with a much less aggressive procedure.

"We make a small incision in the outer layer of the mandible and insert a bone-lengthening device made of pins and metal with external screws," said Gerald Sloan, MD, professor and chief of plastic surgery. "The operation takes about two hours, and patients go home the next day."

Screws, which protrude from the skin, are then turned slightly each day for a month, allowing the installed device to gradually stretch the mandible vertically and horizontally, Sloan said.

"By the end, you can gain as much as an inch and a half of bone growth," he said.

In the past, children with poorly developed jaws had to go through childhood looking abnormal, with one side of their face sometimes grossly misshapen, said Sloan. "We waited until adolescence to perform the surgery, which was complicated and risky. With the new method, we're able to work on much younger children."

The procedure for stretching bones was developed several years ago by a Russian orthopaedic surgeon who used it to lengthen

Hamrick Delivers Whitehead Lecture

Harvey Hamrick, MD, professor of pediatrics (center), visits with Whitehead Society co-presidents Eric Bernstein and Katy Stevison after the 1997 Whitehead Lecture and Award Ceremony on August 20. Hamrick's address to incoming medical students was titled "What Will Your Journey Be Like?"

arms and legs, Sloan said. "What's new is that we're now starting to use it for facial bones. We aren't the only medical center in the country doing it, but it's new to North Carolina, and the procedure is still very much cutting-edge, nationally and internationally."

Dr. Sloan can be reached at 919-966-4446, or through the Carolina Consultation Center, 800-862-6264.

Pediatric clinic tests new approach to infant, toddler care

The Duke Endowment has awarded a grant of up to $716,000 to UNC Hospitals to implement the Healthy Steps for Young Children Program, a new approach to health care for children under age 3. The endowment will provide $220,000 to support the program during the first year, then award additional funds in each of the next two years if the program meets its goals.

Healthy Steps offers care for the whole child, going beyond traditional pediatric medical care to emphasize children's intellectual and emotional development. Services offered include home visits, help from a child development specialist, a child health development record for parents to maintain, telephone information lines, and parent support groups.

UNC's pediatric clinic, located in the Ambulatory Care Center, is one of 15 nationwide that will be included in a three-year study by Johns Hopkins University to evaluate the program.

Healthy Steps was developed by the New York City-based Commonwealth Fund, a philanthropy that sponsors health and social research.

Through a survey of more than 2,000 parents with children under age 3, the fund found that parents wanted more information, services and attention from doctors to help ensure healthy growth and development of their children. The survey also found that parents who received special services such as home visits after birth were more satisfied with doctors' care than those who did not receive such services.

Team members at UNC include Principal Investigator Jacob Lohr, MD, chief of community pediatrics; Co-principal Investigator Rebecca Socolar, MD, clinical assistant professor of pediatrics; Program Coordinator Sandy Fuller, research associate at the Center for Health Promotion and Disease Prevention; and pediatricians Angie Sidler, Lynne Morgan, Steve Downs, and ten resident physicians.

For more information, contact Sandy Fuller at 919-966-9914 or through the Carolina Consultation Center, 800-862-6264.

Card project gets new name, Web page

Kids Cards, formerly known as the Holiday Card Project, now has a Web page where Internet users can view a variety of greeting and note cards for both the upcoming holidays and year-round use.

"We're trying to make it as convenient as possible for people to support our pediatric patients and their families through the purchase of cards," said Jane Haber, Kids Cards coordinator. "Orders can now be placed by telephone, fax, or via the Internet."

Kids Cards are created by patients at North Carolina Children's Hospital; proceeds from sales help meet the special emotional, educational and recreational needs of hospitalized children and their families.

To order cards or request a brochure, contact Jane Haber at 800-842-6004; fax number 919-776-4471, or visit the Web site at www.med.unc.edu/wrkunits/1dean/ir/cardhome.html.

Researchers look at long-term care settings

Nursing homes, adult foster care and assisted living residences provide services to meet many needs. But which services are best for an aging woman with Alzheimer's who has difficulty preparing meals? Is a different setting better for a widower with arthritis and a heart condition?

To answer these and related questions, researchers at UNC-Chapel Hill and the University of Maryland have received $3.65 million from the National Institute on Aging. A 15-member team will survey 250 nursing homes and assisted living or residential care facilities in North Carolina, Maryland, New Jersey and Florida. They will also interview about 3,000 residents, follow their progress quarterly for a year, and meet with facility staff.

"We will study health problems, the care provided by facilities, the physical environment and other things," said Philip Sloane, MD, professor of family medicine. "We also will look at residential settings to understand their differences and strengths. With increases we've seen in the options and types of facilities in the industry, there is a need for a better description of how they vary and who resides in them."

Sloan and Dr. Sheryl Itkin Zimmerman, assistant professor at the University of Maryland School of Medicine and the UNC-CH School of Social Work, are principal investigators for the project.

"Older persons prefer to live in home-like environments and have as much autonomy as possible, but this sometimes conflicts with their need for assistance," Zimmerman said. "The question is where will this person fit best? Why, for example, should a person

be placed in a nursing home that focuses on medical care when it is behavior, such as wandering away, that is at issue? Our study team is seeking to define the components that contribute to well-being by taking a comprehensive look at everything related to residential living and outcomes."

For more information, contact Dr. Sloane through the Carolina Consultation Center, 800-862-6264, or Kristy Wooley at the University of Maryland, 410-706-0914.

Medical, business schools team up for new MD program

The School of Medicine is sponsoring a new medical education program in conjunction with Carolina's Kenan-Flagler Business School.

The course, Physicians' Medical Management Program, is designed for physicians and health care executives who wish to gain deeper insight into business principles and sharpen their overall business acumen. PMMP is an intensive, on-site management education program which uniquely equips physicians to resolve the issues of today's changing health care market.

The program is comprised of three separate one-week sessions conducted on the UNC-CH campus. The 1998 program dates are March 23-27, May 4-8, and June 22-26. Attendance is limited; early application is recommended.

To register or for more information, contact Anne Montgomery at 919-962-3119 (ph), 919-962-1667 (fax), or anne_montgomery@unc.edu. Or visit the Kenan-Flagler website at www.bschool.unc.edu/.

Women's health focus of UNC conference

Obstetricians and gynecologists from across the country gathered in Chapel Hill in June to discuss their roles in developing women's health policy for the United States.

"Women's health has become a predominant policy concern in all spheres, from national to local," said Robert Cefalo, MD, professor and chief of the division of maternal-fetal medicine and co-director of the conference. "In order to actively direct women's health care, physicians need to understand the process and how to most effectively garner the resources to influence policy. This course offers these avenues through exposure to national leaders in health-care policy at UNC-CH."

Topics at the American College of Obstetricians and Gynecologists Leadership Program in Women's Health Policy included health policy process and the role of advocates, lobbyists and medical experts; the evolution of breast cancer screening guidelines; ethical issues and managed care; helping pregnant teenagers who abuse alcohol and drugs; and domestic violence as a health problem.

Proceedings from the week's events were published on a web site. The address is www.schsr.unc.edu/acog/.

1997-98 Endowment Fund Grant Recipients Named

Three School of Medicine faculty members, four post-graduates, and three medical students have received Medical Alumni Endowment Fund Grants for the 1997-98 academic year.

Grants are funded from interest earned on gifts to the Medical Alumni Endowment Fund. As in recent years, awards of up to $5,000 are available to medical school faculty, and awards of up to $2,000 are available to students and housestaff.

Grant recipients must use the funds during the year of the grant, and must submit a year-end report to the Medical Alumni Endowment Board within 90 days at the end of the grant period.

Faculty recipients are:

• **Damon P. Anagnos, MD**, assistant professor of surgery, Division of Plastic Surgery, for "Tracking Motion of the Digits Using a Virtual Reality Glove."

• **Lisa Lucas May, MD**, assistant professor of dermatology, for "Digital Imaging in the Evaluation of Nevi and Malignant Melanoma."

• **Richard E. Cheney, PhD**, assistant professor of physiology, for "Identification of a Novel Myosin-V."

Post-graduate recipients are:

• **Susan Modesitt, MD**, PGY2, Department of OB/GYN, for "Detection of Vulvar Neoplasia in High Risk Patients."

• **Brian S. Jewett, MD**, PGY2, Division of Otolaryngology, for "Effect of Stenting on Outcome of Surgical Repair in Rabbit Model with Subglottic Stenosis."

• **Madison Clark, MD**, PGY2, Division of Otolaryngology, for "The Prevention of Acquired Subglottic Stenosis Using Different Bioimplantable Materials in Modified Endotracheal Tubes."

• **Scott T. Magness**, PGY3, Curriculum in Genetics and Molecular Biology, for "Using Recombinant Adeno-associated Virus Containing Ferrochelatase cDNA to Correct Biochemical Defect of Protoporphyria."

Medical student recipients are:

• **James W. West**, Class of 1998, for "Molecular Analysis of HLA-DM in Patients with Juvenile Dermatomyositis (JDMS)."

• **George M. Brinson**, Class of 1998, for "Role of Nitric Oxide Synthase and Inhibitory Cytokines in Otitis Media with Effusion."

• **William L. Fan**, Class of 1999, for "Triangle Area Scleroderma Support Group."

Laptops Required

by Pavi Sandhu

First-year medical students at UNC-Chapel Hill met one of their new instructors for the first time in August. "Hi, I'm Brian Brown," he said. "Welcome to 'Computers in Medical Care.' "

But this was no ordinary lecture — Brown was addressing them from cyberspace. The students were watching a video of Brown, complete with a sound recording of his voice, on their brand-new laptop computers.

For the first time, UNC has required all incoming medical students to purchase laptops. The computers will be used in a specially designed course that will take place entirely on-line.

The 160 students will use their laptops to access course syllabi, class schedules, assignments and even tests from the course's World Wide Web site. They will also be able to research medical information and read journal articles on-line.

The aim of the project is to introduce students to technologies that will play a vital role in their future, says John Loonsk, MD, director, Office of Information Systems.

"We're interested in advancing the methodology of education," Loonsk said. "To teach a course completely on-line is quite exceptional."

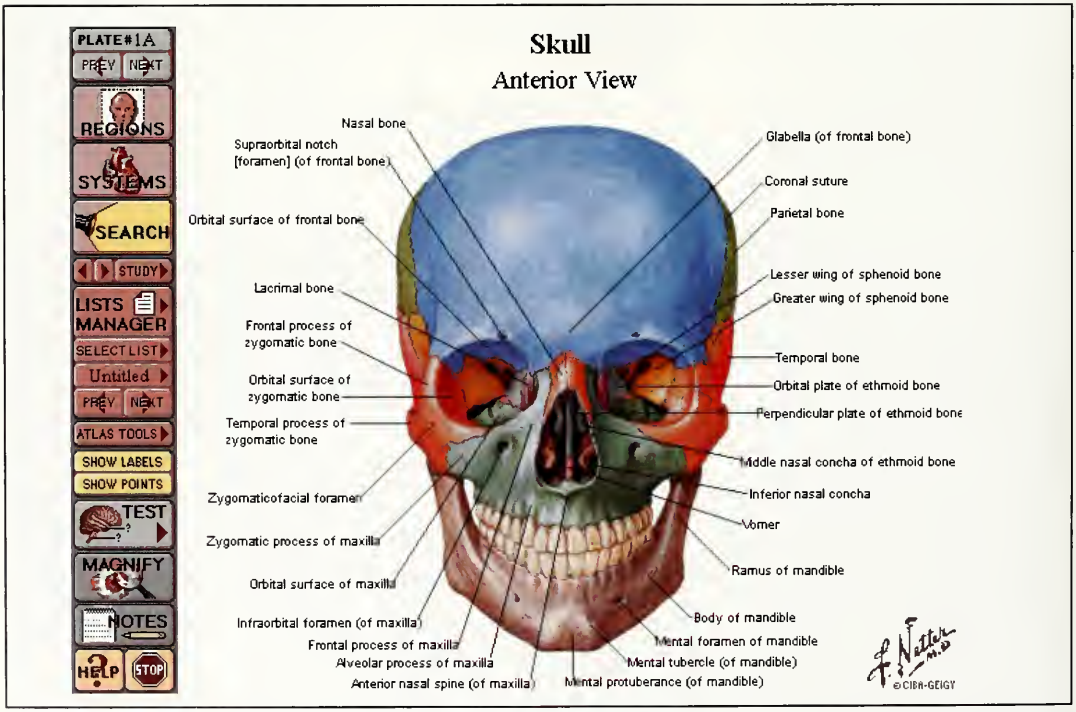
UNC is not the first medical school nationwide to require computer purchases, but it has gone beyond some universities in the Web site it has constructed for medical students. From the school's Web site, the students can access more than 70 computer-assisted teaching applications. "Our electronic environment is the richest that I know," Loonsk said.

For $2,710, the students purchase a specific laptop model called MedScholar, made by Texas Instruments, which is configured to the school's specifications.

Although $2,710 is pricey for some students, the school negotiated a substantial discount — more than $400 below the market value. For those who qualify, financial aid is available through the Office of Scholarships and Financial Aid.

"Some people said it's too expensive," says first-year medical student Teresa Tullo. "But what we received for the price was a great deal."

The machines run on a fast 150 mhz Pentium chip and come with a CD-ROM drive, an internal modem, bundled software — the works.



Basic anatomy is just one of the more than 70 computer-assisted applications available to UNC's medical students through the School of Medicine's web site.

"These computers are fully loaded. This is more technology than I know how to handle at this point," Tullo says.

The modem allows students to access the school's Web site from their homes and remote sites. Students can send queries to their instructors via e-mail, and the responses can be posted on-line for other students to refer to, Loonsk says.

In the opening session for the on-line course, there was an excited buzz as students learned how to boot up their machines and plug them into the network.

"I'm double-clicking this, and nothing is happening," one young man said to the instructor.

A young woman turned to her neighbor to ask, "How'd you change the time on this thing?"

Michael Casey, another first-year student, was impressed with the video presentation.

"This is so cool," he said. "It's more interactive, more personal."

Like many of her classmates, Tullo used computers in college, but she admitted that her knowledge was confined mainly to word-processing. She said she couldn't wait to start using the Web.

"It's very exciting," she said. "It's about time we took advantage of the new technology." □

[Reprinted by permission of The News & Observer *of Raleigh, North Carolina.]*

First-year students opened their new computers during orientation in August.

Communications

- Daily schedule for instant access to the day's online materials.
- Calendar of special events.
- Individual newsgroups for every course for class discussion and questions.
- Access to general medical and social newsgroups.
- Easy access to faculty and other students through electronic mail.

References

- Fast access to Medline, full text journals, and other clinical resources, through UNCLE (UNC Literature Exchange).
- Ability to search by key word for an individual course, class year, for all syllabi.

Connectivity

- High-speed access to the Internet at student desks.
- Access from home and around the state through the services of an Internet Service Provider.

Medical Computing

- Complete syllabi for all courses.
- Courseware specially chosen for each course.
- Radiographs, CT scans, histology and other medical images always available.

Support

- On-site help through the Office of Information Systems for the MedScholar and general computing questions.
- Continuous support through the Med Scholar Update and FAQ pages.

Taking Care of Teens

Once a month at UNC, 'Teen Week' helps physicians tune in to the special needs of young people

by Nancy L. Kochuk

The teenage years can be an awkward time in terms of health care. Many teens don't feel comfortable in the traditional pediatric waiting room with the younger set, but they're not quite ready for an all-adult setting either. And physicians, for their part, confess that they sometimes feel ill-equipped to deal with the complexities of this age group.

A new adolescent medicine curriculum developed at UNC's School of Medicine may ultimately help both groups. The program gives pediatric and internal medicine residents more information about adolescent concerns, as well as more clinical experience dealing with that population.

Spearheading the effort is Carol Ford, MD, a graduate of the med-peds program here at UNC. After spending five years in practice in eastern North Carolina and completing a fellowship in adolescent medicine at UC-San Francisco, she returned to the School of Medicine two years ago to take on the task of finding a way to give pediatric and internal medicine residents more exposure to teens. She came up with the concept of "Teen Week," one week each month when the housestaff could focus on the health care needs of young people ages 11 to 21.

In this primary continuity-care setting, residents deal with the run-of-the-mill health concerns — a sore throat, a chronic headache. But the residents are also learning to handle the tougher social and emotional issues that affect a teenager's health.

To give residents insights into the care of adolescents, Ford holds monthly seminars on teen health issues. During the first year of the program, topics have run the gamut: from communicating with teens to sports exams, from substance abuse to issues of confidentiality. And most importantly, the one topic that Ford sees as essential: learning how to incorporate teens into a general practice.

"My two main goals for this program are to teach residents how to provide comprehensive health care for teens, and to show them how to do it in a time-efficient way that will work in their own practices," she says.

Residents deal with run-of-the-mill health concerns while learning to handle tough social and emotional issues that affect a teen's health.

Key to these objectives is a model developed by the American Medical Association called GAPS, which stands for Guidelines for Adolescent Preventive Services.

Ford describes GAPS as the "deluxe model" of health care for adolescents ages 11 to 21 because of its comprehensive nature. The program, which opens up communication between doctor and patient, goes well beyond the specific health care concern that prompted the clinic visit.

The physician lays the groundwork for an open relationship with the patient during the very first appointment, which typically lasts 60 minutes. The teen and parent each fill out an extensive survey that includes questions on a variety of topics: family relationships, school concerns, diet, exercise, sexuality, tobacco, alcohol and drug use, mental health, and others.

After reviewing the responses, the physician talks with the teen and parent about how things are going generally and any specific medical concerns. Then the physician has the chance to talk privately with the young person.

That private conversation is essential, Ford reminds the residents. "Sometimes a young person doesn't want to bring up certain topics in front of a parent," she says. "It's common for teenagers to pull away from their parents during the adolescent years, and it's important they have wise and trustworthy adults they can turn to."

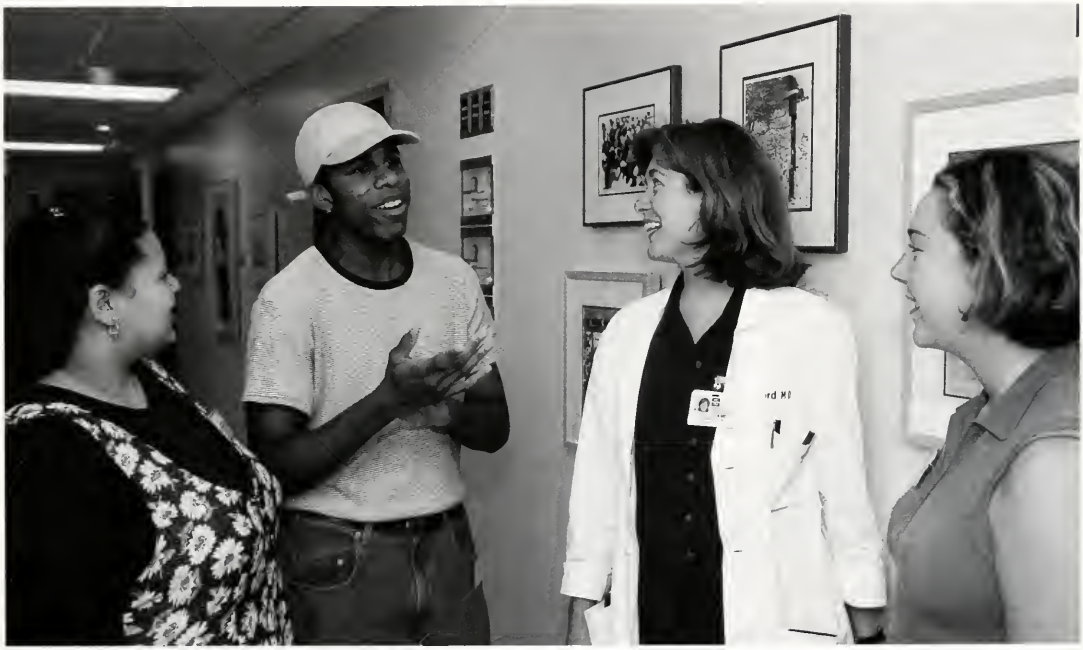
Parents are relieved to have a credible, knowledgeable, caring person talk with their child confidentially about teen issues, adds Sandy Grubbs, RN, clinical coordinator of Teen Week. "And we've told both teens and their parents from the start that if a life-threatening issue comes up, the parents will be informed and involved."

From the resident's point of view, Teen Week is invaluable.

For Jill Dickerson, MD, having more clinic contact with teenagers has helped make her more comfortable with that age group. "I've learned to talk about things that might have made me uncomfortable in the past," she says.

Nandini Moorthy, MD, adds that the comprehensive nature of the GAPS questionnaire is a good reminder for her to raise issues of injury prevention with her patients. One of her recent patients, a 16-year-old dirt-bike enthusiast, insisted he was too cool to wear a helmet. She negotiated with him until he finally agreed to try wearing one. By that time, they had developed such a good rapport that he promised to call her if any of his friends made fun of him. "I'm pleased to say I haven't heard back from him yet," she adds, with cautious optimism.

What really matters to teenagers if they're going to see a physician? Ford and Betty Compton, director of Special UNC Teen projects, spent a considerable amount of time last summer figuring that out before



Carol Ford visits with some of the teen advisors who helped make the clinic a place where teenagers feel comfortable.

ever launching Teen Week. They recruited a dozen teenagers from around the county, secured parents' permission, and asked the teens to express their opinions on anything and everything.

"We asked them to come to the clinic, walk around, and tell us how we could make it more appealing to teens," Compton says. "We used them as a sounding board. We set up meetings with resident physicians here, at Moses Cone Memorial Hospital, and at Wake Medical Center. We asked them questions like, 'What's the most important thing when you see a physician?' And we left it open. They could say anything. And they did: 'Wash your hands, come into the room with a smile on your face, look at me when you talk to me.' "

One of the issues that the teens zeroed in on was the overall clinic environment. They wanted to see magazines in the waiting room that appealed to them (*Sports Illustrated, Newsweek,* and *Seventeen*, for example) rather than just books and magazines for the younger children. And they suggested that the artwork and posters on the walls should be more age-neutral.

Ford and Compton listened, and then went into action. They expanded the range of reading materials, put up a bulletin board with articles of interest to teens, and set about finding artwork that would appeal to their clients. They worked with Durham pediatrician-photographer John Moses and other local artists, some teens included, to secure some of their photographs and other artwork.

One of these teen advisors, 16-year-old Tasha Dixon of Hillsborough, says even she is amazed at the difference the new artwork makes. "I love the photographs," she says, "especially because a lot of them are pictures of people from around here. I know these folks, and seeing them makes me feel almost like I'm at home and not in a hospital."

Ford says getting the teens' input and giving them the chance to express their concerns directly to the housestaff has made all the difference in how the patients feel about coming to a pediatric clinic. "We wanted to make this place very appealing to teens. And I think we're on the right track."

Lineberger Cancer Team Gets New Captain

by Margot Carmichael Lester

Shelley Earp, MD '70, got very excited about genes in 1967. Thirty years and 155 papers and abstracts later, he remains passionate about them. "I'm just fascinated by the basic biology of cells," he says.

Earp turned that fascination into groundbreaking research discoveries in the way that cells change their gene expression and growth patterns. Along the way, he was molded into a top administrator as well, deftly performing the delicate balancing act between lab and corner office. In June, he was promoted to director of the UNC Lineberger Comprehensive Cancer Center, taking over for the retiring Joseph Pagano.

"The cancer center has established itself as a treasured resource of this state and under Dr. Earp's leadership, it will not only continue as such, but even expand its contributions to patient care and research," says Jeffrey Houpt, MD, dean of the UNC School of Medicine. "We are extraordinarily fortunate to have Dr. Earp take over the reins of this prestigious institution."

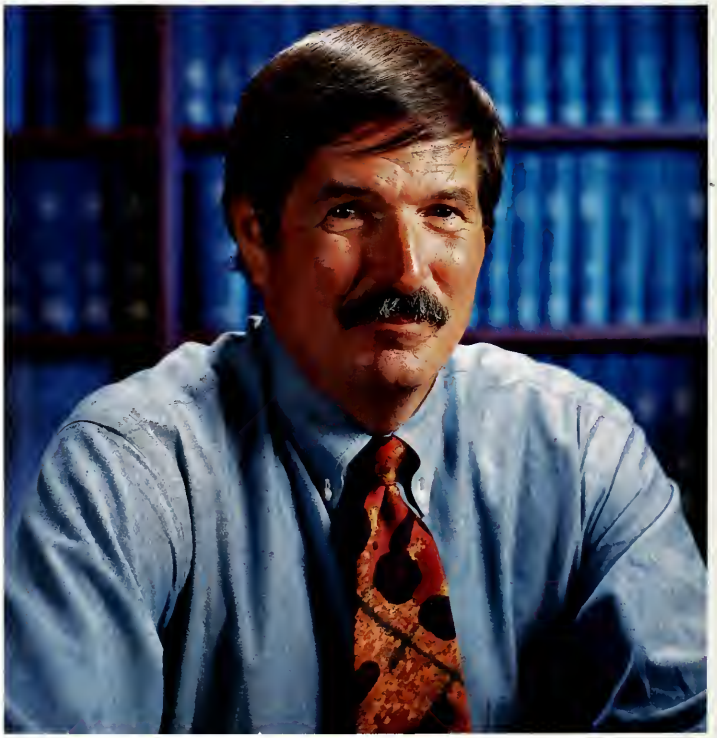
Earp, the cancer center's former deputy director, states, "We have made incredible advances in our ability to study biologic systems using sophisticated molecular technology. Scientists can now truly dissect the process of cancer and use the information to advance treatment and prevention."

Earp plans to focus on three areas during his tenure:

Treatment: "Cancer cells evade our therapies by altering their basic genetic information," he explains. "We need to develop different therapies that take into account this inherent genetic instability. Understanding biology will allow us to design more specific and hopefully less toxic therapies exploiting the unique characteristics of cancer cells."

Early detection: "We must develop cost-effective ways to motivate populations to catch cancers when they're most easily cured."

Prevention: "How do a person's genetic makeup and their environmental exposure interact in cancer causation? This knowledge — coupled with the legal protection against genetic discrimination now under consideration — would allow us to track families who are genetically predisposed to cancer, employing preventive and early detection strategies. Targeted surveillance can save lives."



Shelton Earp III, MD

In the Lab

Beginning with his time in Dr. Robert Ney's lab as a second-year medical student, Earp has thrived on lab work. "I'm extremely excited about the work my students, technicians and postdoctoral fellows are doing, attempting to understand the signaling networks which carry instructions from outside a cell to its nucleus. These instructions tell the cell to change its behavior, literally to

make life or death decisions," Earp notes. "There's a phenomenon called programmed cell death which is just as much an active decision for a cell as is the choice to grow."

The key, Earp says, is learning to regulate these decisions. His lab and many collaborators in the center are working on ways to trigger these growth or self-destruction switches. "If we can play on natural signals stopping the cancer cell's growth or sending it to a premature programmed death, we will have devised a better, more biological therapy," Earp explains. "That would allow us to extend our patients' longevity and quality of life."

The Public Health Slant

"In addition to our continuing efforts in the lab, it is important to use what we already know more effectively," Earp says. For instance, medical professionals know that mammograms, PAP smears and colonoscopies can detect cancers early when they are quite treatable. "These tests can reduce the death rate from cancer, yet segments of our population don't use them nearly enough," he says. "That raises another researchable question: How do you motivate individuals, communities, regions and populations to use preventive strategies? Understanding and altering human and community behavior is difficult, but it can be done."

For example, he cites the cancer center's Specialized Program of Research Excellence in breast cancer. As part of the program, women in a 10-county area of North Carolina were surveyed. Results showed 12 percent of black women hadn't heard of screening mammograms and 43 percent hadn't had one. Cancer researchers agree that deaths from breast cancer could be reduced by 30 percent if all women of appropriate age had mammograms. An innovative program, the N.C. Breast Cancer Screening Project, uses lay health advisors to provide social support and health counseling to increase awareness about breast cancer and screening. The program is directed by Jo Ann Earp, professor and chair of health behavior and health education in the UNC School of Public Health. "My wife helps me keep focused on the health of the public lest I wax too eloquent on the intricacies of molecules," muses Shelley Earp.

Working As A Team

Earp is a devoted sports fan. He grew up in Baltimore rooting for the Colts of Johnny Unitas, but quickly transferred his allegiance to Carolina football, basketball and lacrosse. His dedication to his teams translates to a dedication to teamwork. "I love being at the university, and the open and collegial style that's always been characteristic of the medical school. I grew up professionally in that atmosphere and have a great desire to preserve it.

"We're planning a major push to enhance the partnership between the hospital and the medical school," he says. "The cancer center hopes to provide the glue that holds the departmental cancer efforts and the hospital together in multidisciplinary research and patient care.

"In the last decade our clinical departments have hired a superb complement of young, well-trained oncologists who work extremely well together. They provide a standard of care that is second to none because it involves input from multiple people with different perspectives and scientific underpinnings," Earp says.

That fits nicely with UNC Hospitals' mission, says Executive Director Eric B. Munson. "Dr. Earp is one of our outstanding leaders," he notes. "UNC Hospitals believes that the substantial investment we have made in Dr. Earp's vision will inure to the benefit of cancer patients and their families and to the understanding of the disease itself."

Real Changes

One example of partnership in action is UNC's model for patient treatment involving many disciplines. To make that process easier for patients and health care professionals alike, the cancer center is creating an office focusing on the clinical program. "We will be able to schedule a patient for consultations with a multidisciplinary group for a smooth, seamless visit," Earp explains. "Patients will know they're being taken care of by a real team of experts."

UNC is already well-known for its basic, clinical and public health research, but has less national recognition for its clinical oncology care programs. So Earp is working with oncology division chiefs and program heads at the medical center "to trumpet our accomplishments in the clinical arena. We no longer want to be one of UNC's best-kept secrets," he vows. "I want us to become a top 10 medical school in every way and I hope the cancer center will be a big part of that emergence."

The Final Word

With his strong grounding in clinical care, basic research and the public health perspective in addition to his experience as an administrator, Earp is the right man to guide the cancer center into the next century, notes Stuart Bondurant, MD, former dean of the medical school.

"Shelley is an outstanding scientist who also is a distinguished and proven leader in the development of both scientific and applied programs of cancer research and patient care," says Bondurant. "We can anticipate great advances in understanding, treating and preventing cancer in the next decade. Under Shelley's leadership, and with the continuing support of the people of North Carolina, the cancer center will surely be a major source of many of these advances."

Come Hell or High Water

by Melissa Anthony

Everyone expected the Red River to overflow its banks a little. It happens every spring. As temperatures rise and winter snows begin to melt, the river swells. The winter of 1996 had been a particularly rough one, so folks in Grand Forks took the usual precautions: listened to flood stage reports, filled sandbags, and hoped the dike would hold up.

But no one expected the blizzard that fell April 6 nor the devastation it would wreak on the North Dakota town. Two weeks after that storm, Grand Forks experienced the worst flooding it has seen since the turn of the century.

It took the ingenuity and quick action of people like Howard Russell, MD '78, to survive the weeks that followed.

On Friday night, April 18, Russell, an oncologist, got a call from his chief of staff at United Hospital.[1] The farm areas outside Grand Forks had started to flood. She wanted him, then assistant chief of medicine, to compile a list of doctors who could help out in case of emergency. He got to work right away.

The next morning, the dike protecting downtown Grand Forks gave way. People had to evacuate their homes. "I started thinking about all the patients who needed to continue their treatments," said Russell, speaking of chemotherapy patients being treated at Grand Forks Clinic, the general hematology/oncology clinic for United Hospital. "I knew many would be leaving town for surrounding communities, and that we needed to do something to ensure they could continue their medications."

With just the beginnings of a plan formulating in his mind, Russell went to the clinic that night with Carrie Wise, one of his nurses. Together, the two spent nearly six hours copying as many clinic notes and treatment sheets as they could for patients on the clinic schedule in the next two weeks.

On Sunday, Russell received another call, this time from the chairman of United Hospital's board of directors. The 277-bed hospital was being evacuated. Could he devise a strategy for continuing the clinic's oncology practice?

"I considered relocating our operations to the local military base," recounted Russell. "That really wasn't a good option because most of the town had been evacuated there, and people were sleeping on cots lined up in a hangar — not an ideal situation for immuno-suppressed patients.

"But I knew that Grand Forks Clinic owned three branch clinics. And that we have three oncologists. So I sat down with my two colleagues, and we made plans to move operations to the satellites, with one doctor at each site."

Getting to the clinics, located in Northwood, 30 miles southeast of Grand Forks; Grafton, 40 miles north of the city; and Crookston, MN, 30 miles east and across a river, proved to be a story in and of itself.

"Downtown Grand Forks was like a war zone," described Russell. "Buildings were burning. Sirens were blaring. Helicopters were flying everywhere. In fact, we had to fly the oncologist assigned to the Crookston clinic out there because the bridge crossing into Minnesota was under water."

But persevere they did. Nurses and others from the Grand Forks clinic left their homes and families to staff the satellites. Chemotherapy drugs were gathered or ordered. In one instance, an oncology nurse returned to the hospital when she heard it was being evacuated to pick up whatever drugs she could and refrigerators in which to keep them. Patient histories were pieced together from the sheets that Russell and Wise had copied.

That left the task of spreading the word. "We alerted radio stations and newspapers, and the nurses called patients on the schedule," said Russell.

Amazingly, the group began satellite clinic operations in Crookston on Monday and Northwood and Grafton on Wednesday. "We had a situation that could have gotten out of control, since cancer patients, particularly those taking study medications, need their drugs on time," said Russell. "Our plan worked very well. All told, we were only down two days."

Russell and his colleagues continued working in the satellite clinics until May 12. During that time, they saw nearly 200 patients, a surprising number considering the circumstances under which they operated. Giving an example, Russell said, "We didn't have all the X-rays we needed because the hospital was closed. When the evacuation continued longer than we expected, the National Guard took people into the clinic who pulled records and faxed them to the satellites."

Russell credits the nurses, staff, and even patients, for making the whole situation work. "We have some wonderfully dedicated nurses and staff who pulled together and sacrificed themselves to keep things going," Russell reminisced. "And our patients. They were flexible, optimistic and endured so much. They were truly heroic."

Those around him would say that Howard Russell was pretty heroic himself.

Note: Today, more than 11,000 of Grand Forks' 11,800 single-family dwellings are affected by the flood. The city is looking at ways to prevent such a disaster in the future. Russell's home was not damaged by the flood but was without running water and sewage for the duration of the cleanup. While working at the Northwood satellite, he lived at home, showered at the local air base (he is a commander in the Naval Reserves), and spent countless hours coordinating the care of Grand Forks cancer patients. □

[1] United Hospital and Grand Forks Clinic are now part of Altru Health Systems.

Howard Russell, MD '78

PROFILE:

Howard Russell, MD '78

Born: June 22, 1951, in Roxboro, NC

Education: BS, Cum Laude, North Carolina A&T State University; MD, University of North Carolina-Chapel Hill, 1974-78; internship and residency, Worcester City Hospital, Worcester, MA, 1978-80; residency and fellowship in hematology/oncology, Medical College of Georgia, Augusta, GA, 1980-86.

Family: wife, Mary Blaine Russell

Navy: Commander, U.S. Naval Reserves, assigned to Fleet Hospital. Previously on active duty, assigned to Naval Hospital, Oakland, CA, 1989-94. Served in Desert Shield/Desert Storm, 1991.

Hobbies: growing things (vegetables, roses, outdoor flowers, and indoor flowers like orchids during winter), reading, traveling, keeping physically fit

Volunteer Work: Relay for Life, Cancer Survivor Day.

Travels: Saudi Arabia, Kuwait.

Above, hospital staff and local military troops helped evacuate the 277-bed United Hospital in Grand Forks on April 20, 1997. Below, the beginning stages of the flood as seen from the hospital. The bridge (right) crosses the Red River.

On the Cutting Edge of Breast Cancer Research

Radiologist Etta Pisano has dedicated her career to the early detection and treatment of breast cancer.

by Katherine Kopp

As she wraps up one appointment, Etta Pisano, MD, motions her next visitor into her office, smiling, nodding and gesturing all at the same time. Pisano, associate professor of radiology and chief of breast imaging, is clearly a very busy woman.

Pisano's career path has closely tracked the growth curve of female physicians in the United States in the last two decades. When she entered Duke University School of Medicine in 1979, Pisano joined a class of first-year medical students in the United States that was just over 25 percent female. At that time, there were fewer than 55,000 female physicians in this country, representing slightly more than 11 percent of the total number. By 1990 — the year after Pisano become an assistant professor at UNC — there were four times as many women physicians in the United States as there had been in the early 1970s.

Like many women physicians, Pisano has experienced a few bumps in the professional road. "I do remember some moments during interviews for my residency when there seemed to be more concern over whether I would have a baby than over what my credentials were," she says with a wry grin and a shrug of her shoulders. But she is philosophical about such experiences. "I think that, as more women come up through the ranks, there will be fewer questions raised about women's abilities. While I expect that some prejudices [against

women] still exist, I hope that it is gradually diminishing."

Early experiences molded career

The daughter of a radiologist, Pisano was born in New York City and grew up in Philadelphia. She felt a calling to follow her father into medicine at a relatively young age.

Then, when Pisano was in high school, her mother died of a brain tumor.

"My mom was only in her 40s when she died," Pisano notes. "I think her illness and death affected my medical career in two ways: it got me interested in cancer research, and it made me want to do something that might have a positive impact on the health and lives of other women in their 40s."

She graduated from Dartmouth College in 1979, where she met her husband, Jan Kylstra, MD, now an ophthalmologist at UNC. The couple both attended medical school at Duke from 1979 to 1983, marrying after their second year. Following her graduation, Pisano completed a flexible internship year in Pensacola, Fla., then began a radiology residency at Beth Israel Hospital, where she was chief resident in 1986-87.

After a year of further training in body-computed tomography and ultrasound, and a year as an instructor at Harvard Medical School, Pisano joined the faculty at UNC in August of 1989.

Much to accomplish

Her work combines her interests in clinical work, research and teaching. "Probably about 40 percent of my time is spent either doing clinical medicine or teaching," Pisano estimates. "The other 60 percent is spent doing research." In addition to her appointment in the Department of Radiology, Pisano is also a member of UNC's Lineberger Comprehensive Cancer Center, where some of her research is based.

Though she initially worked part-time when she came to UNC, Pisano found it frustrating. "In medicine, part time is a relative term," she says with a laugh. "Most physicians working part time put in at least 30 hours a week. I'm happier working full time. It's just too hard to accomplish everything I need to do in less time."

And on any given day, Pisano has a lot to accomplish. In addition to a demanding schedule of work in the office, the clinic and in her study at home, Pisano and her husband share the juggling act of responsibilities that come with parenting four children between the ages of 3 and 11.

"It can be chaotic," she concedes. "But it's nice that I am able to do some work at home. My children have had to learn that, when I'm in my study, I'm working. We have a sitter who comes in when I work at home. Still, I'm there if there's an emergency."

Research on early detection

Pisano is currently involved in a number of research projects involving breast cancer detection and imaging, including her role as principal investigator for a $560,000 Department of Defense grant, studying image display for digital mammography. She is particularly interested in the development of new techniques for earlier detection.

"About 10 to 15 percent of women with palpable breast cancer have normal mammograms," explains Pisano. "As we develop better tools for breast cancer detection, we can improve the prognosis for many women with cancer."

Currently, Pisano and her associates at UNC are gearing up for clinical trials of digital mammography screening.

"I think digital screening is the next big thing in mammography," says Pisano, in her characteristically staccato manner of speech. "Essentially, a digital mammography uses computers to detect breast masses, instead of film. With film, you get a 'wastebasket' image; you have to look very carefully to see what's in there. Digital detection should enable us to be much more specific."

She is also involved in several research studies of other screening techniques, including work as a co-principal investigator on a grant comparing digital mammography with sestamibi mammography. "There are other new techniques in development — sestamibi is one, and MRI of the breast is another — looking at breast cancer detection," says Pisano. "I believe that these techniques may have more to offer in the area of characterization and staging of breast cancer. I think digital imaging has the greatest potential for improvements in early detection, but we still need good science to determine that."

Pisano has also collaborated with engineer Henry Fuchs, using virtual reality to aspirate breast cysts. The device, which is essentially a video camera on eyeglasses, projects a video screen directly in front of the wearer's cornea, creating higher spatial resolution than an older helmet-like model, Pisano explains. She hopes to enroll a dozen or more patients in a study using the new virtual reality device within the next year.

Though her life is undeniably complicated at times, it's apparent that Etta Pisano relishes the challenges inherent in her life and work. "Radiology is a great field," she says. "It's so stimulating. I really enjoy the opportunity to figure out what's going on."

[Reprinted with permission from Physician's Practice Digest, *Baltimore, MD.]*

Faculty Notes

William J. Arendshorst, PhD, professor of physiology, served as associate editor of the *American Journal of Physiology: Regulatory Integrative Comparative Physiology*. He also served on the editorial board of Hypertension; the Committee on Committees of the American Physiological Society; and the Executive Scientific Organizing Committee for the Astra Hassle International Meeting on Angiotensin II Receptors.

Arendshorst

Ann G. Bailey, MD, associate professor of anesthesiology and pediatrics, has been appointed to the Executive Committee of the American Academy of Pediatrics. She serves as chair of the Task Force of Circumcision and co-chair of the Education Committee. Bailey has also been appointed to the board of directors for the Society of Pediatric Anesthesia, and serves on the Education Committee.

Bailey

Philip G. Boysen, MD, professor and chair of anesthesiology, is a member of the 1998 Society of Critical Care Medicine Symposium Program Subcommittee and 1997-98 Fundamental Critical Care Support National Committee.

Gregory Dehmer, MD, professor of medicine and director of the Cardiac Catheterization Lab, has been appointed to a three-year term as a trustee for the Society of Cardiac Angiography and Interventions, an international organization of physicians specializing in invasive cardiac procedures and coronary interventions.

Sharon Campbell, PhD, assistant professor of biochemistry and biophysics, was recently named recipient of the 1997-98 Jefferson-Pilot Fellowship Award. The prestigious four-year award, given each year to a full-time member of the faculty, is valued at $12,000 and is meant to be used in support of research and other scholarly endeavors.

Campbell

William Droegemueller, MD, Robert A. Ross distinguished professor of obstetrics and gynecology, has been reappointed by the National Board of Medical Examiners to a four-year term as a representative of the American Board of Medical Specialties.

Eugene B. Fried, MD, associate professor of anesthesiology and pediatrics, is serving a two-year term on the Fundamental Critical Care Society National Committee, 1997-99, and is chair of the Respiratory Section of the Society of Critical Care Medicine.

Joseph W. Hall III, PhD, professor of surgery in the Division of Otolaryngology/Head & Neck Surgery, was recently appointed to a three-year term as an associate editor for the *Journal of the Acoustical Society of America.*

Rebecca Laudicina, PhD, assistant professor of clinical laboratory science in the Department of Medical Allied Health Professions, was awarded the Joseph J. Kleiner Award for the outstanding article published in the 1996 volume of the journal *Clinical Laboratory Science.* The article was titled "Hematologic Effects of Severe Burn Injury: A Case Study." The award was presented in July at the annual meeting of the American Society for Clinical Laboratory Science.

Laudicina

David C. Lee, MD, professor of microbiology and immunology and program leader of the Lineberger Comprehensive Cancer Center's cell biology program, has been appointed to a four-year term as a member of the Pathology B Study Section in the Division of Research Grants for the National Institutes of Health. This group assesses the merits of a wide array of cancer-related research proposals.

Lee

Jeffrey Lieberman, MD, professor of psychiatry, pharmacology, and radiology and director of the Mental Health Clinical Research Center at UNC, has co-edited a textbook titled Psychiatry, intended to be the definitive comprehensive text of contemporary clinical and academic psychiatry. Published by the W.B. Saunders Company, the two-volume book contains over 2,000 pages and 97 chapters that represent the efforts of more than 150 authors.

Lieberman

Earlier this year, Lieberman participated in a Congressional seminar on mental illness, chaired by Rep. Susan Myrick (R-N.C.) and the National Alliance for the Mentally Ill. The purpose of the

seminar was to provide information on the nature and treatment of mental illness and related research.

The Alliance had also honored Lieberman and **Arthur Prange Jr., MD**, Cary C. Boshamer professor of psychiatry, with the "Exemplary Psychiatrist Award for 1997" at the group's annual meeting in San Diego. The award is given to psychiatrists who have contributed to greater public understanding of brain disorders, worked publicly to eliminate stigma, or publicly fought discriminatory policies against people with brain disorders.

Gary B. Mesibov, PhD, director of the TEACCH division and professor of psychiatry, has been named editor of the *Journal of Autism and Developmental Disorders*, effective Jan. 1, 1998. The oldest and most prestigious interdisciplinary publication in the field of autism, the journal has a wide international circulation.

Suresh Mukherji, MD, associate professor of radiology and surgery, has been named recipient of the 1997 James W. Woods Junior Faculty Award. The award, given annually to a full-time clinical faculty member, is valued at $3,000 and is meant to be used in support of research and other scholarly endeavors.

Mukherji

Edward Perl, MD, Sarah Graham Kenan professor of physiology, received the Doctor Honoris Causa award from the Semmelweis University of Medicine in Budapest, Hungary. He is also an honorary member of the Japanese Physiological Society, and he received the Distinguished Alumni Award from the University of Illinois.

Wesley Reeves, MD, associate professor of medicine in the Division of Rheumatology, received the Kunkel Young Investigator Award from the American College of Rheumatologists. This award is given to the most outstanding researcher under the age of 45 in the country.

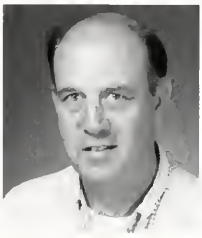
Robert D. Valley, MD, professor of anesthesiology and pediatrics, has been appointed to the Education Committee of the American Academy of Pediatrics.

Bradford B. Walters, MD, PhD, associate professor of surgery in the Division of Neurosurgery, writes a monthly column, Caught in the Act, for the North Carolina Medical Society Bulletin. He also reviews sites on the World Wide Web that are of interest to North Carolina physicians. He also participated in the television medical call-in program, *Health Connections*.

David Wallace, MD, assistant professor of ophthalmology, was recently awarded the 1997-98 Pediatric Ophthalmology Grant in the amount of $20,000 by the Knights Templar Eye Foundation. The grant will fund a video database for use in the study of retinopathy of prematurity, a potentially-blinding disease of premature infants.

Wallace

Gilbert C. White II, MD, professor of medicine and pharmacology, received an Investigator Recognition Award from the International Society on Thrombosis and Haemostasis. The award is given biennially to select scientists whose research on coagulation is recognized as outstanding by their peers. White directs the UNC Comprehensive Hemophilia Diagnostic and Treatment Center and is associate director of the UNC Center for Thrombosis and Hemostasis.



White

Philip Sloane, MD, professor of family medicine, recently received more than $3.6 million from the National Institute on Aging to study long-term health care settings. Sloane and a team of researchers from UNC-CH and the University of Maryland will study services provided by nursing homes and other residential care facilities, as well as look at residents' health. *(Related story, page 4.)*

Sloane

For the fourth consecutive year, UNC anesthesiologists participated with other volunteers to provide free plastic and reconstructive surgery through Rotoplast, an organization sponsored by Rotary International, for children in third world countries who otherwise would not have access to medical care. This year, Drs. **Lynn Carter, Linda Georges, Stephanie Kaplan and Archana Wagle** represented the UNC Department of Anesthesiology on the Rotoplast Argentina team, seeing 315 patients on the day of arrival. One hundred six surgeries were completed in six days, most of which were cleft lip and cleft palate repairs in young children. Other surgeries included burn reconstructions and repair of a variety of congenital anomalies.

Med Students, Residents Learn About Breastfeeding

by Mark Schultz

Gary Freed was in his second year of residency in Houston when his wife, then pregnant with their first child, asked him what he knew about breastfeeding.

"I just sat there," Freed said.

"She said, 'Maybe you didn't hear me,' recalled Freed, now assistant professor of pediatrics at the School of Medicine. "I said, 'Honestly, I don't know anything about breastfeeding.' "

So he decided to find out.

Today, Freed runs a pilot program making sure all medical students and residents at the UNC School of Medicine learn about breastfeeding as part of their training.

Eventually, he says, he hopes to take the program nationwide and tap the Internet to provide continuing education for doctors already in the field.

"We've lost a generation of grandmothers who breastfed. Most of our parents didn't breastfeed," Freed said. "We're talking a very good game about how important disease prevention is. My opinion is we can't just talk about it."

Today, research shows breastfeeding produces healthier infants. They experience everything from less diarrhea, fewer skin infections and cases of Sudden Infant Death Syndrome to higher IQ scores once they enter school than their formula-fed classmates.

Despite the evidence, doctors sometimes don't talk with pregnant women about breastfeeding, Freed said. Most leave the area to nurses and lactation consultants, he said.

Some who do discuss it, Freed said, give out wrong information, such as encouraging women to supplement breast milk with formula, which can affect their production of milk.

Improving Physician Breastfeeding Counseling and Support is a five-year study funded by the National Institutes of Health designed to reverse the decline in breastfeeding by encouraging doctors to talk about it.

A small rise in the last decade notwithstanding, only 52 to 53 percent of new mothers nurse their infants, Freed said. And fewer than 20 percent still are nursing by the time their babies are 4 to 6 months old, as recommended, he added.

According to Freed and Sarah Clark, a researcher at UNC's Cecil G. Sheps Center for Health Services Research, doctors' failure to promote breastfeeding may be one of the reasons that the percentage of women doing it has plummeted.

Other reasons include more women in the work force — the program teaches new doctors how working moms can express milk for when they return to their jobs — as well as misconceptions about breastfeeding.

While still in Houston, Freed surveyed his fellow residents and discovered that, like he, they knew nothing about breastfeeding.

They understood the mechanics of how lactation occurs, he said. But unless they or their spouse had breastfed, they could not advise a new mother how to properly hold an infant while nursing, how to get the baby to latch on effectively, or how to use a breast pump.

The pilot program being tested at UNC features a 15-minute video for all medical students demonstrating breastfeeding techniques, and for residents, a slide/lecture series, a discussion of case studies, and a bedside teaching check list.

Clark, the Sheps Center researcher who just had her second child at UNC Hospitals earlier this year, said the effort is already paying off.

"The first time [I delivered at the hospital] they asked, 'How's the breastfeeding going? Got any questions, ask the nurse,'" she said. "Good thing I didn't have any questions." The second time, with the residents unaware she worked in the study, they asked questions such as whether she knew the baby should be feeding every two to three hours.

"If you're a new mom, you don't know," Clark said.

Freed agreed.

"You've got to figure they've never done this before," he said. "It's a whole new ball game for the baby, and for you." □

[Reprinted with permission from The Herald-Sun, *Durham, NC.]*

Gary Freed, MD, assistant professor of pediatrics, discusses breastfeeding techniques with Margaret Holloway while she holds her son, William, at UNC Hospitals.

The Joy of Medicine

For Fuller Award winner Andy Greganti, making a difference for patients and students is the best reward possible

by Debra Pierce

Like previous recipients of the Fleming Fuller Award, M. Andrew Greganti, MD, has been called a physician's physician and lauded by his colleagues and students. While Greganti appreciates the awards and citations, the rewards that mean the most are the ones he can't touch. Memories, mostly, of former patients and students who offered a kind word, vegetables from their garden as a gesture of thanks, and who returned to say hello long after graduation.

"The joy of medicine is knowing that you have made a difference," says Greganti. "I always wonder whether I'm just spinning my wheels and what impact I'm having. Am I making a dent on this crazy world? These awards and letters from my students and patients just reassure me I'm doing something right. For me, that's what matters most."

A native of Mississippi, Greganti grew up idolizing his older brother, who also chose medicine as a career, and admiring the local town doctor. The two men became his role models. So choosing a career in medicine seemed like the right thing to do.

Greganti earned his undergraduate degree from Millsaps College and his MD at the University of Mississippi. He completed his residency at the University of Rochester and later returned to the University of Mississippi's School of Medicine for two years as an instructor and later assistant professor. He's been a member of the UNC School of Medicine's faculty 20 years, choosing UNC because of its focus on the fundamentals of medicine Greganti himself believes in. In the 20 years he's been at UNC, he hasn't given much thought to moving on. "I love the South. And, it doesn't take long to fall in love with Chapel Hill, its people, its way of life. Being here has had many positive effects on my life."

As a professor and associate chairman for clinical affairs, Greganti's responsibilities seem overwhelming. His colleagues, like Tim Carey, MD, MPH, say Greganti "pursues his tasks with the same vigor, enthusiasm, and dedication he applies to patient care. He is tireless in sorting through difficult clinical and administrative problems. Andy's dedication to UNC Hospitals has been obvious."

When he's not teaching medical students or caring for patients, Fuller Award winner Andy Greganti enjoys hanging out with "best friend" Chelsea.

During his tenure at UNC, Greganti has served on numerous committees within the School of Medicine, often as chairman. From 1981-86, he was director of the Internal Medicine Residency Training Program. When he stepped down as director to become Chief of the Division of General Medicine and Clinical Epidemiology, the residents presented Greganti with a plaque as an expression of appreciation for a job well done.

He's received several honors since then but none as prestigious as the Fuller Award UNC Hospitals Executive Director Eric B. Munson will present to Greganti on September 5. The award is presented annually by the UNC Hospitals Board of Directors for dedication to compassionate patient care and excellence in teaching. The award is named for H. Fleming Fuller, MD, a Kinston physician and longtime member of the Hospitals board who died in 1986.

Staff members at UNC Hospitals and faculty in the School of Medicine see Greganti and refer family members and friends to him. His tireless spirit, enthusiasm, remarkable communication skills make him one of the most sought-after doctors in the state, according to his colleagues. Greganti admits he receives many telephone calls and inquiries; in particular, regarding geriatric medicine. That's where his heart is — in the teaching and practice of geriatric medicine which he describes as one of the most challenging aspects of internal medicine.

"Teaching students and residents about the clinical areas most familiar to me is what I do. And, I'm finally beginning to see that what I do as a teacher has a lasting result," says Greganti. No one would disagree.

Research Briefs

A sampling of research activity from the UNC medical center. Further details are available from the investigator. E-mail addresses are listed when available, otherwise, all researchers can be reached through the Carolina Consultation Center, 800-862-6264.

Thumbs up for cold cereal

People who regularly start each day eating a bowl of cold breakfast cereal tend to consume more fiber and calcium — but less fat — than people who breakfast on other foods, according to a new study from Department of Nutrition researchers.

Anna Maria Siega-Riz and Barry Popkin found that people who ate breakfasts without ready-to-eat cereal had higher intakes of total fat, saturated fat, cholesterol and sodium and lower intakes of energy, fiber and nutrients. People who ate cereals also were significantly more likely to consume other nutritious foods such as fruit juices and other citrus fruits at the same time.

Findings were presented at the Experimental Biology 1997 scientific meeting. Contact Siega-Riz at siegariz. cpc@mhs. unc.edu or Popkin at popkin.cpc@mhs. unc.edu.

Mammography and race

In some North Carolina communities, doctors may do a better job of advising whites to undergo mammography than advising blacks to have the life-saving test, according to a study from UNC's Lineberger Comprehensive Cancer Center.

Researcher Michael S. O'Malley reports that in a 1989 survey of two N.C. counties, black women were half as likely to have ever had a mammogram as white women — 27 percent vs. 52 percent — or to have had a mammogram in the past year — 17 percent vs. 36 percent. Black women also were less often advised by doctors to have mammography — 25 percent vs. 52 percent.

The research indicated that while many factors, such as personal finances and attitudes about cancer, were involved in obtaining a mammogram, a doctor's recommendation was the single strongest predictor. Once physicians advised women to undergo mammography, race did not make a meaningful difference, O'Malley said.

While the reasons for racial differences in advising are not yet known, doctors may be less likely to recommend mammography for women who they perceive could not afford it or who might not comply regardless of advice, O'Malley added.

Findings were published in the May issue of the American Journal of Public Health. *Jo Anne Earp, School of Public Health, and Russell Harris, Medicine, were co-authors. Contact O'Malley at clover@med.unc.edu.*

Trans fatty acids and breast cancer

A new international study is the first to show a significant association between trans fatty acids and breast cancer, an important finding since people can reduce trans fatty acid consumption by changing diets.

Researchers found about a 40 percent increased risk of breast cancer in women who had higher levels of trans fatty acids, said investigator Lenore Kohlmeier, Department of Nutrition.

Because of this association, researchers suspect than trans fatty acids may contribute to breast cancer development, and that by cutting back on them, some women can protect themselves from the disease.

A report on the research appears in the September issue of the journal Cancer Epidemiology, Biomarkers & Prevention. *Kohlmeier can be reached at lkohlmeier@sophia.sph.unc.edu.*

Controlling epileptic seizures

Clinical studies show a promising new device for treating intractable epilepsy works well in preventing seizures and has no ill effects on patients' hearts.

The battery-operated device, called a vagus nerve stimulator, is about the size and shape of a pocket watch. It is implanted beneath the skin just below the left collarbone, and is programmed to send electric current every few minutes through a wire that wraps around the vagus nerve in the neck.

About 30 percent of patients had a greater than 50 percent reduction in the number of seizures they suffered, said researcher Bradley Vaughn, Department of Neurology. A few have become free of seizures since the device was implanted, and some who had the same number as before reported their seizures were shorter or less severe.

A report on the research will appear in an upcoming issue of the journal Seizure.

CF gene suspected in other respiratory disorders

An alteration in the gene that causes cystic fibrosis may be the culprit in certain other chronic lung and sinus infections.

The molecular basis for the genetic mutation is called the 5T allele, and it appears normally in 10 percent of the population, according to Kenneth Friedman of UNC's Curriculum in Genetics and Molecular Biology. Historically, the 5T allele was thought to be harmless.

But research showed that the 5T allele was six times more common in infertile men, and although these men didn't have CF, they exhibited the same urological abnormalities as men who did, 99 percent of whom are infertile.

Researchers then wondered if the 5T allele was associated with other aspects of CF-like disease, and tested DNA samples to find out.

"For many patients with mild sinopulmonary disease, we had never found CF gene mutations after we'd looked in all the typical places," said Friedman. "But when we

tested their DNA samples for 5T allele, it turned out that the frequency jumped nearly three-fold. It's more common among a mixed bag of patients with obscure, hard-to-define lung and sinus diseases than in the general population."

People with the 5T allele aren't diagnosed as early as CF patients, Friedman said. "They may get infections later in life and can be treated with the same antibiotics as CF patients. In most aspects, they seem to exhibit some milder form of CF."

Findings appear in the August issue of the journal Human Mutation. *Co-authors are Lawrence Silverman, pathology, and Michael Knowles, medicine.*

Cancer seed grants

Four School of Medicine faculty members have received seed grants from the Lineberger Comprehensive Cancer Center for new ideas in cancer research. Their projects aim to translate laboratory findings into clinical use.

Funding for this program is from grants, businesses, individuals and charitable foundations.

• Raj K. Batra, MD, research assistant professor of medicine, will try to develop ways to treat lung cancer with gene therapy. Batra will test whether lung cancer cells can be infected by modified viruses for a therapeutic purpose.

• Jim Cusack, MD, assistant professor of surgery, will try to make colorectal cancers more sensitive to chemotherapy and develop clinic trials for patients with locally advanced rectal cancer and metastatic colorectal cancer.

• Jenny Pan-Yun Ting, PhD, professor of microbiology and immunology, will study paclitaxel (Taxol), which has shown promise in treating several types of tumors. Ting will study whether Taxol can be used to enhance chemotherapy by boosting the immune response to the tumor.

• Wendell Yarbrough, MD, assistant professor of surgery, will study the genes critical in controlling head and neck cancer and attempt to create new therapeutic options by interrupting growth pathways.

HMOs and consumer protection

North Carolina fails to protect the interests of state residents enrolled in health maintenance organizations nearly as well as it should, chiefly because the organizations have grown so fast that laws and regulations have not kept up, according to a UNC study released this spring.

The study, conducted by UNC's Cecil G. Sheps Center for Health Services Research in association with the N.C. Institute of Medicine, included an HMO "report card" sprinkled with 13 letter grades ranging from two "A"s to two "D-"s. Overall, North Carolina's HMO consumer protection received a "C-" when compared with other states and industry standards.

"North Carolina has experienced an explosion in the growth of HMOs and managed care companies," said Pam C. Silberman, a lawyer who is research associate at the Sheps Center and a member of the institute. "Between June 1994 and November 1996, the number of licensed full-service HMOs skyrocketed from 10 to 23, with several HMO license applications pending review."

HMO enrollment here grew steadily in the early 1990s, with annual increases of between 50,000 and 100,000 people, Silberman said. By the end of 1996, 954,967 people were enrolled in full-service HMOs or point-of-service plans across the state.

"In general, we found that the N.C. Department of Insurance does a relatively good job enforcing current state HMO laws," she said.

"However, North Carolina lacks an adequate array of laws to ensure that consumers are fully protected."

For more information, contact Silberman at (919) 966-2670, or Carolyn Busse at the Sheps Center at (919) 966-3847.

Psychotic symptoms as indicators of violence

People with two psychotic symptoms are more likely than other people to become violent, but when symptoms increase beyond two, the risk of violence actually drops significantly, according to a study released last May. The research examined the relationship between violent behavior and psychiatric disorders.

"Our finding challenges the traditional belief about the relationship of symptoms to violence," said Sue Estroff of the Department of Social Medicine. "It's always been assumed, erroneously, that it's grossly psychotic people who do violent things." The data suggest that people most impaired by severe mental illness have fewer social contacts and perhaps fewer opportunities to get into violent situations, according to lead author Jeffrey Swanson of Duke University.

Investigators also found that the most important risk factors for violence were drug and alcohol abuse.

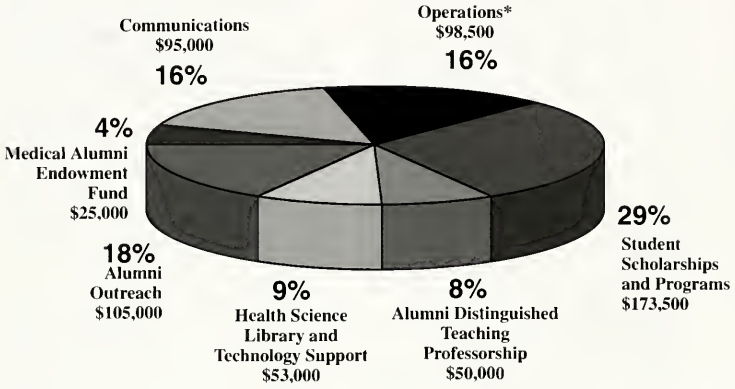
"People with severe and persistent mental illness are more likely to use drugs and alcohol, often as a form of self-medication for psychic pain," Swanson said. "They tend to drift into environments where substance abuse and violent crime are more common."

A report on the six-year investigation appeared in the Spring issue of Psychiatry. *Estroff can be reached at see@med.unc.edu.*

Carolina Consultation Center University of North Carolina Hospitals

Development Notes

Loyalty Fund Budget, FY 1997-98
$600,000



* Funds raised in excess of budget decrease the percentage

A fund to support advancements in neuroradiology was established in fiscal year 1996-97 by Francis D. Pepper Jr., MD '56, and his late wife Phyllis Canup Pepper. Named for Ruth and Ernest H. Wood, first chair of radiology at the UNC medical school, the fund was given as an expression of the Peppers' profound respect for the Woods and honors Dr. Wood for his influence on their careers and lives. Pictured at a recent luncheon to celebrate the Peppers' generosity and the establishment of the fund are, from left, Mauricio Castillo, MD, director of neuroradiology; Mrs. Wood; Dr. Pepper; and Joseph K.T. Lee, MD, chair of radiology.

Area businesses support medical school

In only its second year, the Medical Foundation's Corporate Committee has been very successful in gaining new donors from the corporate sector in support of the UNC School of Medicine. Focused currently in North Carolina's Triangle Park area, members of the committee have been calling on corporations to ask for their support. Ernest Roessler, president of Central Carolina Bank in Durham, was the founding chair of the committee in 1995-96. This year James R. Talton, Jr., partner at KPMG Peat Marwick in Raleigh, has challenged the committee to even higher goals. Talton is also the president of the Raleigh Chamber of Commerce. As the committee expands its efforts throughout North Carolina, it hopes to attract the support of other companies with an interest in supporting quality health care in North Carolina.

Beach festivities raise arthritis funds

Nearly $14,000 was raised in support of the Thurston Arthritis Research Center at the 2nd Annual Weekend at the Beach event, June 13-14.

Festivities began with a buffet and auction at the Coral Bay Club in Atlantic Beach on Friday night. Auction items included a basketball signed by coach Dean Smith and Tar Heel players and a weekend getaway at a mountain home. There was also art in various media, generously contributed by more than 50 regional artists.

On Saturday, participants enjoyed a golf tournament at Brandywine Bay Golf Club in Morehead City, followed by Eastern Carolina barbecue.

A record profit of $143,000 was raised on June 25 at the 9th Annual Carolina Kids Classic Golf Tournament. The proceeds were equally divided among the event's beneficiaries: Ronald McDonald House, The Childhood Trust, and North Carolina Children's Hospital. Pictured, from left, are sportscaster Woody Durham, event co-chair; Bree Lorant, The Childhood Trust board of directors member; Leslie Hayes, Ronald McDonald House board of directors president; Roberta Williams, MD, chair of pediatrics; UNC basketball coach Dean Smith, honorary host; and Mike Haley, event co-chair and N.C. Children's Hospital board of visitors member.

AMGEN, Inc. has completed a $250,000 pledge to establish and endow the AMGEN Nephrologist-In-Residence program at UNC School of Medicine. The program is designed to maintain a high level of expertise among nephrologists in private practice, ensuring that the latest techniques and drug therapies are available to patients. In appreciation of their generosity, Jane McNeer, vice president of The Medical Foundation, presented a crystal glass piece to AMGEN representatives at their Thousand Oaks, Calif., headquarters. Pictured, from left, are Bill Ashton, vice president of sales; McNeer; Larry Lawrence, director of national accounts; and Karen Daniels, associate director of marketing. For more information on the AMGEN Nephrologist-In-Residence program, contact Ron Falk, MD, in the Nephrology Division at (919) 966-2561 or 800-862-6264.

Golf tournament benefits research fund

The Mike Hatcher Memorial Research Endowment Fund was the beneficiary of a July 21 golf tournament at Prestonwood Country Club in Cary, NC. More than $60,000 was contributed to the fund, which was established for ongoing research into the development of improved Cystic Fibrosis treatments.

The tournament honors the life of Mike Hatcher, who was diagnosed with CF at age 13. His life was committed to helping others with chronic diseases and seeking to improve CF treatment.

UNC participants included Thomas Egan, MD, associate professor of surgery in the Division of Cardiothoracic Surgery, and James Yankaskas, MD, associate professor of medicine in the Division of Pulmonary Medicine.

Yankaskas was Mike Hatcher's personal physician for 15 years, and is a local leader in CF research and treatment.

Alumni Notes

70s

James J. Murphy, MD, Housestaff '71, has retired as chief of radiology at the Asheville Veterans Medical Center after 25 years of federal service.

Jeffrey Margolis, MD '78, was elected chief of staff of Riverside Tappahannock (VA) Hospital for 1997-1998. Former UNC urologic housestaffer **Jeffrey Haskins** is the vice chief.

80s

Lauren Cosgrove, MD '80, has been appointed chief of the Rockville, MD, office of Kaiser Permanente, Mid-Atlantic States Region. She is a family practitioner.

Deborah L. Taylor, MD '83, lives in Hilliard, OH, and is an assistant professor of clinical medicine. She reports that she managed to fracture her left hip by stepping off a curb. She has had two surgeries, the latest a hip replacement, and is recovering OK.

Larry Wyner, MD '83, is a renal transplant surgeon at Charleston Area Medical Center. He and his wife, Louida, had their first child, Joshua, on July 18.

Leslie A. Bunce, MD '85, is returning to Chapel Hill after a 12-year absence. She and her husband, Mike, have two sons, Michael, 3, and James, 16 months.

Steve Baumrucker, MD '86, delivered an address, "Palliation of Cancer Pain in the Terminal Setting," at the national meeting of the American Academy of Hospice and Palliative Care in Chicago on June 26.

Tommy Lawrence, MD '87, is a partner in Greensboro Radiology Associates, P.A. He and his wife, April, announce the birth of twins, Antonia Marie and Mariana Elise, on July 29.

Rebecca Stover Cochran, MD '89, is a pediatrician in Huntsville, AL. She and her husband, Thomas, welcomed Miller James on May 26, who joins brothers Calvin, 6, and Bowen, 4.

Melissa McLeon, MD '89, is a pediatric anesthesiologist and lives in Norfolk, VA.

Merle Miller, MD '89, of Boulder, CO, was recently named director of the Emergency Medicine Department at Longmont United Hospital and president of Long's Peak Emergency Physicians. She is completing a three-year term as a member of the Board of Directors of the American Association of Women Emergency Physicians.

90s

Robert Berkenblit, MD '90, is an assistant professor of radiology at Montefiore Medical Center. He has a 2-year-old daughter, Carly.

Lianne M. deSeres, MD '90, has completed a fellowship in pediatric otolaryngology with a year in the School of Public Health, Department of Epidemiology, at the University of Washington. She announces the birth of a son on June 24, Guy Mead McKhann III.

J. Todd Williams, MD '90, is a dermatologist in Asheboro. He and his wife, Denise, have three sons, Jamey, 5, Josiah, 3, and Caleb, 6 months.

Robert L. Cook, MD '91, completed the Robert Wood Johnson Clinical Scholars Program in Chapel Hill, and accepted a position as assistant professor in the Division of General Internal Medicine at the University of Pittsburgh. He is working on research related to the prevention of sexually transmitted diseases. He and his wife, Christa, announce the birth of their son, Cameron Talley, on April 24. They can be reached at cookr@genmed.upmc.edu.

Tony Wright, MD '92, is a board-certified anesthesiologist on the University of Tennessee faculty.

Andrew F. Hall, MD '93, completed a residency in ophthalmology at the University of Pennsylvania, and is going into private practice in Sheridan, Wyom.

Ken Shauger, MD '93, is a neurophysiology fellow at Wilford Hall USAF Medical Center in San Antonio, TX. He completed a neurology residency in June 1997. His wife, Christine, recently gave birth to their second child, Fiona Kate. He can be reached at shauger@ix.netcom.com.

Mary-Emma Holleman Beres, MD '94, was recently married to Michael W. Beres. She completed a residency at the University of Arizona Department of Family and Community Medicine, and is moving to Rochester, NY, to pursue a fellowship in advanced obstetrics.

Tricia Dickens, MD '95, has been named chief resident, Emergency Medicine, at Michigan State University-Kalamazoo Center for Medical Studies.

Deaths

David A. Rendleman Jr., CMED '43

President's Letter

When was the last time you were in Chapel Hill?

For me, it was at medical school graduation in May. The 1997 graduates were a happy bunch. I enjoyed shaking hands with all 163 graduates and handing them their certificates of lifetime membership in the Alumni Association.

All of us can recall our feelings when we graduated from UNC medical school. Except for those who stayed at Carolina for residency, graduation day might have been our last day in Chapel Hill for months, or even years, to come.

As a faculty member of a residency program affiliated with the university's Family Medicine Department, I have returned to Chapel Hill on "business" many times over the 18 years since my graduation. That has given me a chance to adjust gradually to the continuing changes in buildings, traffic patterns, and topography.

Even so, I welcome the maps that are mailed with each invitation to Alumni Weekend. They do reserve parking spaces for us, but I need the map to find them.

Despite all the changes, much that we like about Chapel Hill still resonates. And Medical Alumni Weekend, November 21-22, is an ideal opportunity to visit and enjoy.

On Friday afternoon, the new dean, Dr. Jeffrey Houpt, will meet with us and give us a brief report on his first six months in Chapel Hill. That evening, we will have dinner with many of the medical students who have received scholarships through the Alumni Association.

On Saturday, several classes will hold meetings to plan their reunion dinners for April 24-25, 1998.

For the afternoon, tickets are available to the UNC-Duke football game. Those who choose to attend will see another change in Chapel Hill — a new field house which was only a construction site last year.

You might not think the Blue Devils, 0 and 11 in 1996, will be a major challenge for the Tar Heels, but in this historically intense rivalry, you can never be sure. And if Duke cannot make it close, you'll have a glimpse of the future, as Coach Mack Brown empties his bench. My husband, a hard-core Carolina fan, says UNC has never before had such talented young players on its third and fourth strings.

A Chapel Hill tradition is interesting and unusual shopping. And it continues to get better. Book collectors are in heaven at the great bookstores on Franklin Street. Even at the new malls, there are stores with offerings you can't find in many major cities. A Southern Season and other stores offer unusual food. In fact, Alumni Weekend might be a good time for you to finish your Christmas shopping.

So plan to be with us in November. See some old friends. Make some new ones. And just surrender yourself to the charm of Chapel Hill. Why fight it?

Darlyne Menscer

Darlyne Menscer, MD '79

CME/Alumni Calendar

	Medical Alumni Activities	
October 24	Domestic Violence: Building a Stronger Health Care/Community Response	Chapel Hill
October 31	Psychiatry Across the Ages	Chapel Hill
November 1-2	14th Annual George C. Ham Symposium	Chapel Hill
November 7-8	New Developments in Vascular Surgery: 7th Annual Meeting	Chapel Hill
November 9	Lipid Satellite Symposium: Atherosclerosis-Unresolved Issues & New Frontiers	Orlando, FL
November 15-16	Advanced Cardiac Life Support (ACLS) Course	Chapel Hill
November 17	Advanced Cardiac Life Support (ACLS) Recertification Course	Chapel Hill
November 21-22	Fall Medical Alumni Weekend	Chapel Hill
January 15-16	Challenges in Geriatric Practice	Chapel Hill
January 28-30	TEACCH Winter Inservice Training (for teachers of autistic children)	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call the Carolina Consultation Center at 800-862-6264.

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